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This study investigates rehabilitation counseling to determine critical job requirements, training needs, and differences in counselor perception of critical incidents as a function of academic preparation. A questionnaire requesting one effective and one ineffective counseling incident was distributed to 404 counselors and supervisors from Division of Vocational Rehabilitation agencies in 20 states. Critical counseling requirements on sub-roles were: (1) creation of an acceptant therapeutic climate, (2) collaboration between counselor and client in a mutually controlled experience, (3) picturing client problems through relation of client ideas and counselor observation to the client's vocational potential, (4) giving information and facts, (5) definition of limits and responsibilities, (6) gathering information about the client, and (7) arranging appointments and referrals for the client. Trained counselors were significantly more concerned than untrained counselors with (1) ability to establish a counseling relationship, (2) recognition of client readiness for counseling, and (3) effective interpretation of professional opinion and facts. Trained counselors emphasized working together with the client, while untrained counselors emphasized advising or directing the client. Suggestions are made for implementing these findings in training and supervisory programs. (BP)

CRITICAL COUNSELING BEHAVIOR
in
REHABILITATION SETTINGS

by

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PREFACE

The critical importance of the contribution of the rehabilitation counselor to the extension and improvement of vocational rehabilitation services is widely accepted. There is also general acceptance of the need for and desirability of continued efforts to improve the counselor's effectiveness with his clients. Vocational rehabilitation administrators, university teachers, and counselors have expressed continuous concern with the need for the development of goals, standards, and procedures for the rehabilitation counseling profession. This study is meant to be a contribution to these aspirations.

The purpose of this research project was to provide basic data descriptive of the counseling process in rehabilitation. It was believed that this data would be helpful in developing professional standards, and in attacking the complex problems involved in the selection, training, and evaluation of rehabilitation counselors.

This publication is the first in a series reporting on the data collected using the Critical Incident technique with 404 rehabilitation counselors in 20 states. Each participant was interviewed by the investigator following the completion of a questionnaire in small group settings. This involved traveling approximately 30,000 miles to visit over 54 agency offices or facilities.

The writer wishes to express appreciation and gratitude to Dr. John E. Muthard, the Project Director, who originally suggested the need and procedure for such a study and who so ably directed and assisted each stage of its development. Appreciation is expressed to Dr. James B. Stroud for his valuable guidance and his critical analysis of the problems and procedures used in this study.

Acknowledgment is due Dean E. T. Peterson, College of Education, State University of Iowa, who has encouraged this study through his continued interest and support. The writer also wishes to acknowledge the guidance and assistance of Dr. A. N. Hieronymus, Dr. Wendell Johnson, Dr. Dee Norton, and Dr. David Gold—faculty members of the State University of Iowa. A special word of thanks is given Mrs. Kathleen Dawley, who gave encouragement, help, and support where it was needed.

To the counselors and supervisors who participated in this study must be given the credit for making the investigation a reality. Many others, including the directors of the regional, state, and local agencies who implemented the planning for the data collection, have been most helpful and generous in their assistance.

The major portion of this monograph was developed as a doctoral dissertation which was submitted to the Graduate College of the State University of Iowa, February, 1959. It was done under the primary direction of Dr. John E. Muthard with Dr. James B. Stroud serving as co-adviser. It is published as the final report of a research project which was supported, in part, by research grants from the Office of Vocational Rehabilitation, Department of Health, Education, and Welfare.

Marceline E. Jaques

June 1959

FOREWORD

By Wendell Johnson

The population of the United States and of the other countries of the world is growing rapidly; the average life span is lengthening; the number of persons disabled by accident, illness, emotional stress and aging is increasing; and the proportion of the disabled of all ages whose lives are being saved and prolonged is far greater than would have been thought possible even a generation ago. At the same time, the industrialization of our economy and that of the world as a whole is entering a distinctively new phase brought on by automation and other consequences of the scientific revolution affecting human society pervasively and deeply. Moreover, our society has changed from one in which the most common living conditions were those of rural independence to one in which the great majority of our citizens share the varied and complex patterns of interdependence characteristic of urban life.

These facts, in the democratic setting of our culture in which the self-realization of each individual human being is greatly valued, challenge our material and human resources for providing effective vocational rehabilitation services for all who can make constructive use of them. Ingenuity in meeting this challenge is particularly required in the continuous refinement of the methods of rehabilitation. This is to be said with special emphasis in respect to the methods of vocational rehabilitation counseling.

Against the background of these basic social and economic conditions and their arresting implications, this study by Dr. Marceline Jaques, carried out under the direction of Dr. John Muthard, is to be viewed and appreciated. It is an attempt to bring into clear focus some of the more crucial aspects of the counseling process as it functions in vocational rehabilitation. Dr. Jaques employed the Critical Incident technique to study the process as represented in the work of 404 rehabilitation counselors.

On the basis of her findings, Dr. Jaques recommends that in rehabilitation counseling more consideration be given to the relationship or interaction between the client and the counselor. This is not a one-way relationship. Dr. Jaques stresses the importance of due regard by the counselor for the client's needs, wishes and interests, as determined by his background of native capacity and learning, his pattern of significant interpersonal relationships, and his semantic and cultural environment. She emphasizes informed and sensitive empathy for the client by the counselor as a means of minimizing stereotyped advice-giving and of fostering the working together by counselor and client on the client's problems. Effective recognition and appreciation of the client's needs and interests require of the counselor skills and attitudes based on adequate knowledge about human personality and motivation and the factors by which they are affected. The implications of these considerations in relation to the training of rehabilitation counselors are pointed up by Dr. Jaques.

Carried out with support from the Office of Vocational Rehabilitation, this research makes an important contribution to the training of vocational rehabilitation counselors. It serves, therefore, to reinforce the base of the ever more successful effort which our society makes, through the program centered in the Office of Vocational Rehabilitation, to transform the condition of human disability into a source of strength and creativity.

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Chapter I

THE PURPOSE OF THE STUDY

The purpose of this study is the investigation of the counseling process in rehabilitation as currently practiced by counselors now employed in various rehabilitation settings or agencies. This study will apply the Critical Incident technique (frequently designated as the C.I. technique) to the work of the rehabilitation counselor. From analysis of the data collected by this procedure an effort will be made to provide some basic data to (1) determine the critical job requirements of counseling in rehabilitation settings; (2) formulate more precisely the training needs of rehabilitation counselors; (3) examine differences that academic preparation makes in terms of what counselors judge to be critical in counseling situations.

The question of what constitutes adequate training to perform the functions of rehabilitation counseling has only recently been considered for study. The need for research into this problem has been particularly apparent since 1954 when Rehabilitation Counselor Training Programs were established by a number of universities, financed through grants administered by the Office of Vocational Rehabilitation (hereafter designated OVR).

Previously the Veterans Administration (hereafter designated V.A.) had focused attention on this area by encouraging some universities to develop doctoral training programs in counseling psychology. The standards for this program have been pretty largely formulated by the V.A. Department of Medicine and Surgery and by the American Psychological Association in its requirements for doctoral training in counseling psychology.

In OVR-financed counselor training programs the master's degree was chosen as the level of preparation. The decision to require this level rather than the doctoral level seems to have been made with the following considerations:

1. A shorter period of preparation seemed a more realistic way of meeting the immediate need for counselors.
2. The level of preparation required by those employing rehabilitation counselors was not higher than the master's level and most frequently the bachelor's only was required.
3. The preparation level of those currently employed as counselors was the bachelor's or master's level.

4. The salaries offered to counselors were not high enough to attract people trained at the doctoral level.

Directors or co-ordinators of the university programs (now active in 27 universities) were faced with the necessity for developing a curriculum for their students with few landmarks to follow. The tasks or duties for which trainees were being prepared were likewise not well-defined or clear-cut. This further complicated the problem of curriculum development.

Professional leaders or educators have differences of opinion depending on their background of competencies. Some think the area of competency and preparation should be in counseling, others in psychology or social work. Still others think this is a new speciality, that the job is unique and therefore requires a new type of preparation not available in the areas mentioned. (The literature on this subject is reviewed on page 3).

Even though there were differences of opinion regarding the professional identification and uniqueness of the field of rehabilitation all the university programs set up for this purpose did include some new courses specially designed for educating rehabilitation counselors.

There has been some investigation by Rusalem (47) and Cantrell (11), (these studies reviewed in Review of Literature section, page 6) of the job requirements in rehabilitation counseling. For the most part, curricula in the various training programs represent "expert" opinion about what constitutes the knowledges, skills, and competencies counselors need who function in rehabilitation settings. This expert opinion is, of course, a reflection of the background of the individuals involved as well as a reflection of the resources of the institutions offering the training.

The policy of OVR seems to be most clearly stated in an article by Miller, Garrett, and Stewart (38). This article indicates that until a definite study of the problem indicates otherwise

> . . . it is the policy of the Office of Vocational Rehabilitation that the organization of curriculum for the training of rehabilitation counselors should be determined by each training institution in terms of its available staff, resources, and pattern of organization.

There have been a number of approaches to the problem of rehabilitation counselor preparation. It is believed that more definitive research is needed on the nature of rehabilitation counseling to aid in the selection, evaluation, and preparation of the rehabilitation counselor. It is the goal of this study to provide basic data for these purposes.

For example, in the case of the *selection* of counselors the data regarding areas of critical behavior might suggest that certain personality characteristics of the individual are more important than the usual scholastic abilities. In the area of *evaluation*, such data might give us the basis for the development of rating scales or other evaluative devices which would aid both the counselor and the supervisor in making constructive appraisals of the counselor's work and effectiveness. We anticipate that in the area of counselor *preparation* such data might be of considerable value to those devising curricula since they point to those aspects of the counselor's work which are judged to be critical by counselors. Such information, then, might suggest some additional areas of knowledge and skill which should be developed within the program of rehabilitation counselor preparation or perhaps indicate that more effort needs to be devoted toward the development of specific attitudes toward the disabled client.

RELATED LITERATURE ON REHABILITATION COUNSELOR PREPARATION

A review of the literature available was made on the questions of (1) what is the role (or roles) of the rehabilitation counselor and (2) what are the requirements for training such counselors. This literature is limited and consists primarily of descriptive materials and statements that are not definitive or research based. For the most part, they describe desirable goals or general traits based on the expert opinion of the author or others. One doctoral study and several survey type studies gathering descriptions or opinions as well as the report of the findings of a workshop made up of experts discussing the area of rehabilitation counselor preparation are included.

Descriptive Materials and Statement of Opinion

Hamilton (28) believes rehabilitation counseling is a specialized application of social case work. He academically formulates the question of whether the vocational counselor should learn the skills of the case worker or the case worker the skills of the vocational counselor. He answers his own question by stating that neither profession is equipped for the job or problems presented in rehabilitation counseling. The rehabilitation counselor's role is described as that of a bridge functioning between agencies or as a "co-ordinator or selector of the agency service," needed by the client.

Patterson (45) refers to the necessity for distinguishing between the roles of the rehabilitation counselor and that of a co-ordinator. To him, the role of the co-ordinator is primarily that of an administrator or team chairman rather than that of a counselor. Those persons who propose broad interdiscipline backgrounds of training and experience, in his opinion, favor the co-ordinator role for the rehabilitation counselor. This co-ordinating role, according to Patterson, is a function that should not be confused with that of the rehabilitation counselor whose preparation background should be basically psychological with special courses designed for dealing with the problems of the disabled. He believes that the time available for preparation does not permit adequate training in both psychology and social case work. Therefore the training time of the student would be more profitably used by concentrating in the psychological area in order to "make the student a better counselor, rather than a half-trained social worker."

Hahn (26) suggests that training should be divided into four areas with psychological training making up 40-50 per cent of the trainee's time; social case work 30-40 per cent of training time; medicine 10 per cent, and contributing areas 5-10 per cent. Study in the area of social work is described as including situational therapy, community agencies, resources, and family problems. The area of medicine would be primarily concerned with learning medical vocabulary and health conditions and would include a work experience in a medical setting. The function of the contributing area is not clear; but it seems to include basically knowledge from any other disciplines related to the field of rehabilitation such as physical therapy, occupational therapy, speech and hearing. Hahn proposes that this type of training might profitably be in a new graduate school department with other non-medical related rehabilitation specialities.

The introduction of counseling psychology into rehabilitation and hospital settings, "foreshadows a philosophical reorientation in terms of functions and services" according to Block (9). In preparing for this change he states that the training requires a combined knowledge of clinical and counseling psychology and it should include the experience of being a part of a rehabilitation team in a medical setting.

Lee (33) appears to be in agreement with the multi-discipline approach. He states, "the preparation of rehabilitation counselors involves an integration of knowledges, competencies, and skills from many professional fields," and lists nine related as follows: medical sciences, psychology, psychiatry, occupational information, counseling and guidance, sociology, social work, legal information and education.

Johnston (32) refers to the rehabilitation counselor as a "maverick" pursued by a number of professions including education, social work, and, most prominently, psychology. While he indicates that the latter (psychology) may be the desirable approach to the field, he apparently shares the opinion that rehabilitation counseling is or should be a unique profession drawing on many fields for its body of knowledge and competencies.

MacDonald (35) made a thorough study of the state-federal legislative program in rehabilitation. In analyzing the personnel standards and qualifications for those employed in the program she states that the tendency has been to select personnel from the field of education rather than from areas focused on the adjustment problems of the individual. She interpreted this as having an historical antecedent in that vocational rehabilitation was first a part of the vocational education program. It was MacDonald's opinion that the work in the vocational rehabilitation program is basically a complex application of social case work. She states that a person could not prepare in all the specialties demanded in this work; therefore, the basic preparation should be in case work with consultants filling in the other specialized areas.

Patterson (46) states the opinion that since few counselors in the state Division of Vocational Rehabilitation (hereafter designated DVR) have been trained in counseling, a traditional job analysis of rehabilitation counseling would not be productive in terms of formulating the components of a training program. However, MacDonald (35) speculated that due to the lack of a basic body of knowledge for programs aimed at training rehabilitation counselors a job analysis in terms of what should be learned on the job and what should be learned in a formal training program would be a first step in formulating a training plan.

Rehabilitation Counselor Preparation: Workshop and Committee Deliberations

In 1955 a workshop of leaders in rehabilitation and counseling financed by a grant from OVR met at the University of Virginia in Charlottesville. A manual was published as a result of this one-week meeting. This manual considered the training needs of rehabilitation counselors. There seems to have been agreement on two basic points in regard to the curricula of training: (1) it should be multi-discipline in nature and (2) it should "draw heavily upon a number of established disciplines for certain knowledges and skills," (27, p. 25). In addition, the rehabilitation counselor needs to acquire knowledges and skills "peculiar to the needs of the handicapped" (27, p. 25). Definite recommendations as to the core training were thought to be premature without further experience and research. "Judgment concerning the preparation of rehabilitation counselors should be reserved, since current patterns of changes are neither stable nor clear" (27, p. 25).

A committee on Education and Research of the San Francisco Chapter of the National Rehabilitation Association (34) studied the area of counselor preparation. As a result they formulated a minimum curriculum for a two-year program leading to a master's degree in rehabilitation counseling. The major emphasis appears to be in vocational counseling with courses in the fields of social work and medicine. The second year of the program is devoted to supervised internship divided into three months each in three agencies.

Studies and Surveys

A doctoral dissertation by Rusalem (47) is the only research undertaking to date which has studied the rehabilitation counselor at work. Rusalem's data was gathered by two methods: (1) observing state vocational rehabilitation counselors in four offices and (2) sending questionnaires to a random sample of 441 counselors from several states in northeastern United States. The findings of Rusalem suggested the following conclusions:

1. Counseling performed in these settings (state and vocational rehabilitation offices) is not different from general counseling (i.e., counseling in other settings).
2. Vocational rehabilitation counseling is more closely related to vocational counseling than it is to social case work, health, personal and educational counseling.
3. While vocational counseling and vocational rehabilitation counseling are closely related, they are not identical. In the latter skills and knowledges in fields of medicine, social case work and vocational education are emphasized.

In order to sample the opinion of practicing counselors on the kind of training desirable Cantrell (12) conducted a mail survey among 178 counselors in state DVR programs, V.A. counseling psychology programs and among counselors in private rehabilitation settings. Using a prepared form she asked them what they believed to be necessary knowledge and skills in a training curriculum. The general findings from this study were as follows:

1. The area of counseling was considered the core of the curriculum by all three groups with emphasis on the professional nature of the counselor's job.
2. Work in the areas of medicine, social work and psychometrics was considered important and necessary but not to the extent that a trainee would be considered a specialist in any one of these.
3. A practicum period should constitute about one-fifth of the training program.

McCavitt (36) summarized replies and comments he received from 25 persons (counselors, state directors, program co-ordinators and administrators) to questions regarding the future of rehabilitation counseling. His summary indicates that rehabilitation counseling is a unique specialty. The major emphasis should be on human behavior and personality development. The rehabilitation counselor's preparation "will establish him in a field of work which enjoys the same status as social service, psychology and other applied professions."

Olshansky (44) evaluated the first two years of the operation of university training programs. He collected data from 18 universities. This included approximately 70 per cent of the schools offering training. He found that psychology was the area of specialization of 13 of the 18 co-ordinators of these programs; three had degrees in guidance and two in education. These degrees were at the doctoral level, with two exceptions where the co-ordinator held the master's degree in psychology. Although no definitive data are given, Olshansky states that the course offerings were concentrated in psychology with all schools requiring courses in medical information, community resources, occupational information and a period of field work. Olshansky takes issue with the fact that 10 of the 17 schools gave nothing beyond the introductory course in occupations. It is his opinion that more concentration should be required in industrial sociology with less emphasis in psychology if the new trainees are going to become employable and function within the state vocational rehabilitation agencies.

SUMMARY

A review of the literature was made regarding (a) the role of the rehabilitation counselor, and (b) the areas of knowledge, skill, and competencies which should be included in the training of counselors. This review was organized into three areas: (1) Descriptive Materials and Statements of Opinion, (2) Workshop on Rehabilitation Counselor Preparation, and (3) Surveys. In general, the reports and studies are limited and consist of descriptive statements that are not definitive or research based. Three general surveys and the results of a workshop devoted to rehabilitation counselor preparation are included. There is one research study based, in part, upon observations made of the counselor at work in state vocational rehabilitation offices. The lack of literature and research on counselor preparation in rehabilitation settings is apparent. There appears to be a great need for research in this area.

Chapter II

THE RESEARCH METHOD: CRITICAL INCIDENT TECHNIQUE

DESCRIPTION OF THE CRITICAL INCIDENT TECHNIQUE

The method used in this study is called the Critical Incident technique. It was first developed by John C. Flanagan (21) as an outgrowth of studies in the Aviation Psychology Program of the United States Air Force in World War II. Numerous studies and refinements of the method have since been made through the work at the American Research Institute as well as through theses and dissertations in the graduate schools of the University of Pittsburgh and other universities.

It is a method for collecting observations and facts of especially effective and especially ineffective on-the-job behaviors; i.e., those behaviors which have made the difference between success and failure. These behaviors are critical in the sense that they are factors determining successful and unsuccessful participation in that activity. The objective of this method is to supply the behavorial data from which the critical requirements of a specific occupational group or activity may be delineated.

The judgments of persons most intimately associated or acquainted with the job are used as the criteria of effective or ineffective performance. These reports of performance from a large sample make up the basic data.

The five steps included in the procedure as described by Flanagan (21) are:

1. Determining the aim of the activity studied: This should be a brief and simple statement agreed upon by authorities in the field.
2. Developing specific plans for observing and collecting incidents: The instructions are developed for those participating in the study in regard to the methods to be used in making and reporting their observations.
3. Collecting the data: Decisions are made regarding the method of data collection. This may be the choice of the individual interview, the questionnaire or a combination of these two methods used in small group settings.
4. Analyzing the data: The data are organized into a category system developed empirically by the investigator.
5. Interpreting and reporting of the data: This interpretation and report will consist of the statement of the requirements of the activity. Due regard needs to be given to the limitations of the study.

REVIEW OF THE LITERATURE ON THE USE OF THE CRITICAL INCIDENT TECHNIQUE

A review of the literature available on the use of the Critical Incident technique shows that the method has been widely applied to a variety of activities and areas. Flanagan (21) summarized the application of the technique in the following nine areas: (1) measurement of typical performance (criteria); (2) measures of proficiency (standard samples); (3) training; (4) selection and classification; (5) job design and purification; (6) operating procedures; (7) equipment design; (8) motivation and leadership (attitudes); (9) counseling and psychotherapy.

The studies selected for review here will be primarily those that (a) have contributed to the formulation and refinement of the technique and (b) are related in some way to the field of psychology and counseling.

Studies Contributing to the Formulation and Refinement of the Technique

Wagner (55) in one of the first studies utilizing the method outside of the Aviation Psychology Program obtained incidents from patients, dentists, and dental school instructors. These data were used for the development of selection tests for the University of Pittsburgh School of Dentistry. Wagner concluded that questionnaires are acceptable as a means of obtaining incidents and that incidents can be gathered in small group situations.

Finkle (18) in a later study of the critical requirements of foremanship focused on a number of technique problems. The variable was the wording of questions. One set was worded to produce material slightly removed from the norm. Another set was worded to produce incidents that were more outstandingly effective or ineffective. He found that the type of incident obtained by questions using slight deviation as against substantial deviation from the norm in terms of behavior reported, was not greatly changed by the variation in wording. About 10 per cent more incidents were obtained from booklets requesting effective incidents first than from booklets requesting ineffective incidents first. This difference was not significant and was attributed to chance sampling fluctuation. He also studied group and individual interview methods. Based on his formulation of "completeness of coverage," neither method was considered superior.

The time lapse from the occurrence of the incident to the report was the technical problem studied by Nagay (42). According to his data, as more time elapses between the occurrence and the report of the incident the content of the incident may tend to become more dramatic. He found that the largest portion of incidents falls into the 0-4 month elapsed time interval with the frequencies becoming progressively lower as the "age" of the incident increases.

Further clarification of the influence of time lapse between occurrence and reporting of incidents was given in studies by Miller and Flanagan (40). Three groups of foremen kept records on the performance of their employees reporting at different intervals; one group reported daily, the second at the end of the week, the third at the end of two weeks. The results showed that the daily group reported approximately twice as many incidents as those reporting at the end of the week; with about the same ratio existing between the group reporting at the end of one week and those reporting at the end of two weeks. While the different time lapse affected the number of incidents reported, the general frequency pattern of behavior was the same. A further analysis of these data compared the number of critical incidents spontaneously reported daily with those obtained through the use of the interviews method. Again, the general pattern of category frequency was the same. These results would appear to suggest that the interview can be used as a method for gaining relatively accurate recall of job performance.

An incidental finding in a study by Allen (2) is of importance in questionnaire design. He found that the use of examples on the form illustrating the type of incident desired produced behaviors in the same category as those of the example used in 53 per cent of the effective incidents. The examples produced behaviors in the same category as the examples in 23 per cent of the ineffective incidents.

Smit (50) also indicated that the inclusion of sample incidents in instructions may tend to restrict the number of different kinds of behaviors reported.

Studies Utilizing C.I. Technique in Area of Psychology and Counseling

Truax (53, 54) and Smith (51) have used the Critical Incident technique for studies in the general area of counseling. Truax studied counseling in small public schools. He restricted his sampling to schools with one counselor. He defined a counselor as anyone who (regardless of title) devoted one-half of his time to guidance activities. Truax used a mail questionnaire type contact, mailing approximately 2,500 Critical Incident Booklets to a national sampling. He received 1,123 incidents from 305 respondents. This represented 42 states. His data were grouped into seven major categories. They follow listed in rank order, according to frequency of behavior reported: (1) providing experiences to students as individuals; (2) maintaining the relationships between the school and the community; (3) providing services and maintaining relationships with the school staff; (4) providing services for students in groups; (5) accepting personal responsibility; (6) accepting professional responsibility; (7) contributing to the general school program. From this system of categorization, he arrived at a listing of critical requirements for small school counselors.

Smith's study was divided into two parts. Part I was concerned with the nature of personal involvement as related to the research task. In studying this problem he utilized incidents from his own experience which he judged to be critical to this problem. Part II was devoted to the study of incidents contributed by staff members and students. Staff members reported critical student contacts and students reported contacts with staff members they judged to be critical.

Smith's use of the technique was unique and was described as producing personal documents. His method of abstracting and analyzing was a departure from the traditional technique. He uses what he calls the "global grouping process" which instead of abstracting individual behaviors alone, includes other details of the setting or the "who, when, where, what, how, and why." He reports that this preserves the uniqueness of the incident but permits generalizations to be made.

Goldfarb (25), Mellett (37), and Speth (52) applied the Critical Incident technique to the general problem of what constitutes improvement or lack of it in psychotherapy. Incidents were collected from practicing psychotherapists. They were asked to indicate what the patient did which was indicative of improvement. While the studies were exploratory, the findings indicate that the criteria of improvement from therapist to therapist differed. It was suggested that this procedure might be used to develop (1) objective measures of improvement (2) types of improvement resulting from the use of different techniques from the therapists.

A different use of the technique was made by Eilbert (17). He attempted to define more clearly the meaning of an ambiguous, commonly used term, emotional immaturity. He gathered incidents from psychiatrists, psychologists, psychiatric social workers, occupational therapists, nurses and corpsmen. They reported incidents of immature patient reaction. From these incidents a tentative definition of emotional immaturity was presented. This consisted of an extensive classification system listing the immature reactions.

One of the biggest undertakings which utilized the C.I. technique was a study by Hobbs, and others (29). They developed a Code of Ethical Standards of Psychologists. The incidents illustrating ethical problems were contributed by members of the American Psychological Association from their experience. Standards were developed from these data.

Basic Assumptions of Critical Incident Technique

The use of the Critical Incident technique necessitates some basic assumptions crucial in any discussion of its adequacy and appropriateness. The assumptions made are that the individuals participating in the study can make relevant and consistent judgments of effective and ineffective on-the-job behavior. This is based on the fact that respondents have an opportunity to know crucial elements of the job task as a result of first-hand experiences. It further assumes that the worker can adequately report such occurrences accurately and reliably. These behaviors judged critical can then be used as the basis for developing performance standards in the occupation studied.

Burns (10) points out that the C.I. technique is useful as a method of describing the presence or absence of certain behavioral data at best and that any further interpretation is in the realm of value-judgment. He urges operational definitions of criteria and the use of the C.I. technique for verification only.

In a continuation of this discussion, Corbally (13) pointed out that the C.I. technique was developed to analyze the components of a job, making the assumption that "someone" can judge the effectiveness with which the job is done. He urges that it be used for purposes for which it was designed and formulated and in keeping with the rules and precautions suggested by its proponents.

Flanagan (22) in discussing the development of the criteria in psychological research makes three points: (1) The one valid, completely objective or correct purpose for an activity cannot be formulated without accepting someone's judgment as to the purpose. (2) In evaluating performance a detailed operational definition of the activity is essential. (The C.I. technique is a procedure for arriving at an operational definition through the reports of persons engaged in the activities.) (3) As a result of the development of an operational definition of an activity criterion measures of individual performance can be made. These include the standard samples of behavior (i.e., what is done in a test situation) and the typical performance (i.e., what is done in the actual situation).

Basic Assumptions as Applied to the Study

In this study the judgments of rehabilitation counselors as to what constitutes counseling effectiveness and ineffectiveness in rehabilitation settings are considered relevant and adequate. It is assumed that as a result of first-hand experience counselors have an opportunity to know when a client is moving toward the goals of vocational rehabilitation and when such movement is thwarted or even reversed. It is further assumed that these occurrences can be accurately and reliably reported. It would appear that the assumptions are justified for these reasons: (1) the judgments of the counselors who are regularly employed as full-time rehabilitation counselors are used; (2) the judgments are from counselors employed for six months or over; (3) the population of 404 counselors is large enough to sample a wide range of preparation and experience levels; (4) the general aim of the activity on which judgments were made was specified; (5) the most recent incident was requested; (6) the incident was to be described in terms of behavior—what the counselor did.

SUMMARY

The C.I. technique as developed by John C. Flanagan is the method selected for this study. It is described as a procedure for gathering effective and ineffective incidents of on-the-job behaviors from persons engaged in the activity. Five steps are included in the method: (1) determining the aim of the activity; (2) developing specific plans for collecting incidents; (3) collecting the data; (4) analyzing the data; (5) interpreting and reporting the data.

The literature on this method shows that the technique has been applied in a variety of areas. Studies reviewed here were related to the (a) formulation and refinement of the technique (b) field of psychology or counseling.

The use of the C.I. technique is based on the assumption that respondents contributing to the study can make relevant judgments of the activity. In this study the judgments of selected counselors and supervisors employed in rehabilitation settings will be accepted as adequate and appropriate. In C.I. research the specific behaviors become the criteria for developing standards for job performance.

Chapter III

THE RESEARCH PROCEDURE

INTRODUCTION

The C.I. technique was used in this study to collect reports of counseling behavior from persons employed as rehabilitation counselors. This method was chosen for the study because it permitted a broad sampling of the actual work of the counselor in a variety of settings. Reports were elicited from the rehabilitation counselor concerning those aspects of his job which he perceived as being critical in the client-counselor relationship.

This chapter will consider the use and adaptations made to the C.I. technique in order to apply it to this problem. This will include the formulation of the general aim of rehabilitation counseling, a discussion of the research methods, the research instruments, the pilot study, a description of the sample, and the data collection process. The handling and processing of the data as well as the development of the data classification system will be described.

FORMULATION OF THE GENERAL AIM OF REHABILITATION COUNSELING

The first step in the use of the C.I. technique required a functional description of rehabilitation counseling in terms of its objectives, goals, or general aims. This was necessary in order that participants would have a criterion by which to identify and measure their counseling behavior. According to Flanagan (21, p. 4)

> . . . the general aim of an activity should be a brief statement obtained from the authorities in the field which expresses in simple terms those objectives to which most people would agree.

It was decided to request a statement of general purpose from persons who were recognized as authorities in rehabilitation counseling. The persons chosen had various professional and experience backgrounds. They represented rehabilitation counseling from the point of view of the university, public agency, and the private agency.

A letter was sent to 16 authorities requesting this definition. Attached to the letter was a form for their reply. (Appendix A.) Thirteen persons from this group replied by sending their statements of purpose and general aims.

While the statements themselves were highly individualistic, there were elements of common agreement. These parts were abstracted and consolidated into a general statement of purpose. The statement was then checked with three university faculty members associated with rehabilitation counseling activities and with a practicing rehabilitation counselor. A number of changes were suggested which primarily resulted in simplifying the statement, making it less detailed. As a result of this process the general aim of rehabilitation counseling was formulated for this study. It was stated as follows, "to help the disabled person through the client-counselor relationship to make the best use of his personal and environmental resources in order to achieve the optimal occupational adjustment—this being an integral part of the individual's adjustment in all areas of his life."

METHODS AND INSTRUMENT

The findings of other investigators with regard to methods and techniques of data collection by use of the C.I. technique were reviewed and evaluated. It was decided to use: (1) a questionnaire type of research instrument (which each participant would complete in writing); (2) a small group setting for completion of questionnaire; (3) an individual interview conducted by the investigator after completion of the questionnaire.

The questionnaire design went through a number of revisions before it was used in the pilot study. The investigator used it at several stages of development to record critical counseling incidents. Consequently questions and instructions were reworded. Two graduate students in rehabilitation counseling used the questionnaire and suggested changes in the questions and the instructions.

The final instrument as used in the pilot study included these features:

1. One incident judged to be effective counseling and one incident judged to be ineffective counseling would be requested from each participant.
2. The effective incident would be requested first.
3. A set of written instructions on the use of the questionnaire, as well as a brief explanation of the purpose of the study would be a part of the instrument. The questionnaire together with the explanation of the study and instructions would be called the Research Booklet.
4. These instructions would assure complete anonymity of each person's contribution.
5. The general aim of rehabilitation counseling as formulated for this study would be included as a part of the instructions.
6. Personal data in regard to the participant's background would be requested.
7. There would be two types of booklets—one type designed for counselors and one type for supervisors.

8. The counselors would be asked for incidents from their counseling experiences; the supervisors would be asked for incidents from the experiences of counselors whom they supervise.

PILOT TRYOUT OF RESEARCH BOOKLET

The Research Booklet was further tested in a pilot project with a group of DVR counselors in the Cedar Rapids, Iowa, district office in April, 1957. Six counselors and one supervisor participated.

As a result of this trial a number of changes in the procedure and in the Research Booklet itself were judged to be necessary. The instructions for completing the questionnaire were clarified and simplified. The investigator had formulated some initial explanatory remarks to introduce the project. The instructions were revised to clarify points indicated in the questions from the group.

An examination of the pilot data suggested that an individual interview with each participant would be essential in order to clarify responses in the booklet. An arrangement was made to return to the district office for this purpose. As a method of eliciting behavioral data the investigator asked the counselor in the interview setting to re-enact the incident as he remembered it. This was a modified role-playing situation in which the counselor attempted to enact the incident, play the counselor role, and fill in the pertinent client reactions or remarks. This procedure enabled the counselor to focus on his behavior—on what he did and said—rather than to make a more generalized and interpretative description. It elicited the behavioral data needed in a C.I. study. This procedure was used in the subsequent interviews when needed to clarify the written reports.

As a result of the experience of the pilot study two general problems arose. First there appeared to be a need for the counselors and supervisors participating to be informed about the nature of the research task in advance of the investigator's visit. Then too, a time schedule seemed indicated so that each office could plan for the visit in terms of the sequence of the procedure and the total time to be allowed for the project. Such preparation was an important consideration in order to complete the project and at the same time avoid unnecessary interference with the office routine. An explanatory memorandum and a suggested time schedule were therefore developed and these were used throughout the study. (Appendix B, C.) This was helpful for the majority of those participating. However, in a number of offices the material was not utilized.

THE SAMPLE

Selecting the Sample

The selection of the sample involved a number of steps. The initial aim was to obtain a representative group of DVR counselors from the Midwestern states.[1] It was later decided to increase the sample and to include states in the Eastern and Southern sections of the country. States with a larger population of counselors were chosen first in order to utilize time and financial resources to the greatest extent.[2] Rural states with small counselor populations which were in close proximity to the more populous areas were also included. Some thought was given to including counselors whose clients would reflect the problems associated with ethnic and subcultural groups. Although there was no systematic plan for sampling on this variable counselors working with these groups were incidently included through area and geographic representation. As plans progressed a request for a continuing grant of money for a second year was made so that a representation of the work from all geographic sections of the country could be included. This would also permit sampling from other agencies than DVR. It was planned to include the V.A. and private groups or agencies that employed rehabilitation counselors.[3,4]

The DVR offices and other agencies taking part in this investigation decided on the procedure for selecting the participants. In several settings participation was on a voluntary basis. In most offices, all the counselors and supervisors who had six months or more counseling experience were asked by their director or supervisor to assist in the project.

The final sample selected was made up of DVR counselors and supervisors representing the major sections and geographic areas of the United States. (Table 1.) It also included a small sample of counselors and supervisors in the V.A. and counselors from private rehabilitation agencies and facilities. (Table 2.) (With a few exceptions the state agencies and other groups agreed to participate when co-operation was requested.)

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[1] The regional supervisors and state directors of Iowa, Minnesota, Illinois, Missouri, Michigan, Indiana, Ohio, Nebraska, and South Dakota were contacted by letter requesting their participation.

[2] The regional and state directors were contacted by letter in Pennsylvania, New York, Virginia, West Virginia, North and South Carolina, Georgia, Florida, Mississippi, Alabama, Louisiana, Arkansas, Kentucky, Tennessee.

[3] An original plan for the study and request for $1,500 for travel costs was submitted to the Office of Vocational Rehabilitation. This request was approved and the grant received in February, 1957. The request for a continuing grant of an additional $1,500 for the enlarging of the sample was submitted and approved October, 1957; the total grant for this study was then $3,000.

[4] The regional and state directors were contacted by letter in Washington, California, Arizona, Utah, Montana, Colorado, Oklahoma, Kansas—(other agencies).

Table 1

DVR PARTICIPATION BY STATE AND NUMBER OF COUNSELORS AND SUPERVISORS

State	*Number Of Counselors*	*Number Of Counselors*	*Total*
Arizona	5	1	6
Arkansas	22	3	25
California	27	6	33
Colorado	10	0	10
Florida	18	3	21
Georgia	28	2	30
Illinois	14	1	15
Iowa	17	6	23
Michigan	17	4	21
Minnesota	7	2	9
Mississippi	13	0	13
Missouri	11	3	14
Nebraska	4	2	6
New Hampshire	3	1	4
New York	28	4	32
North Carolina	17	2	19
Oklahoma	12	3	15
Utah	3	1	4
Washington	8	3	11
West Virginia	25	5	30
TOTAL	289	52	341

Table 2

OTHER AGENCY PARTICIPATION BY STATE AND NUMBER OF COUNSELORS AND SUPERVISORS

State	*Agency*	*Number Of Counselors*	*Number Of Supervisors*	*Total*
Arizona	V.A.* Regional Office	3		3
California	JVS**	1	1	2
California	Orthopedic Hospital	1		1
California	Goodwill Industries	2		2
California	V.A. Regional Office	10	2	12
California	V.A. Hospital	3		3
Illinois	JVS	7	2	9
Illinois	V.A. Counseling Center	4	1	5
Illinois	V.A. Regional Office	3	2	5
Illinois	V.A. Hospital	5	1	6
Minnesota	V.A. Regional Office	6	1	7
Utah	V.A. Hospital	1	1	2
Washington	V.A. Regional Office	6		6
	TOTAL	52	11	63

*Veterans Administration
**Jewish Vocational Service

Preparation

The data were collected over a period of nine months from June, 1957, to March, 1958. The scheduling of the visits by the investigator to the offices proved to be a time-consuming task. Visits were scheduled to include a number of states in one trip, in order to conserve time and the available funds. Suggested preliminary dates were sent to those state directors who had agreed to participate. Through an exchange of letters with the director, or with a designated staff member, visitation dates were set. Two weeks before the scheduled trip the preliminary memoranda and the time schedule were sent to the office. It was suggested that each office develop the schedule for the day so that individual appointments and time commitments would be understood and implemented.

In the majority of instances where this initial plan was carried through, the procedure tended to operate smoothly. Where this initial planning was not carried out, data were gathered under difficult situations for the counselors and supervisors as well as for the investigator. (i.e., clients appointments, meetings, and other office routine were given precedence over the research.) The reception of the project and of the investigator ranged from sincere interest and elaborate planning, to indifference and to complete absence of planning.

The greatest task faced by the investigator throughout the data collection phase was the establishment of a positive feeling and motivation for participation in the project. The basic idea of university research was regarded with little favor in some of the settings. The participation was seen initially as a threatening experience by many counselors since examples or incidents of individual counseling activities were requested. A few counselors felt that they had no choice as to their participation, that decision having been made for them by their supervisor or director. The investigator attempted to anticipate this situation in the introductory remarks, by stating that if at the end of the group meeting they wished to withdraw, they were free to do so. However, an attempt was made to provide motivation for participation. Groups and individuals who were reluctant or hostile initially, usually changed their attitudes by the end of the group session. Four persons who started the process did not complete it; one developed illness, two could not think of incidents of counseling, and one did not feel he could contribute to the project as he disapproved of the method being used.

Considerable reassurance was needed. This need for reassurance varied from office to office. Participants were informed of the precautions taken to maintain anonymity. No names were to appear on the booklets, and the material was to be confidential. Assurance was given that only the investigator and those associated with analyzing the data were to see the booklets. The work of the individual counselor was not being evaluated. In a few isolated offices, it was necessary to reassure those participating that the supervisory or administrative staffs would not see the booklets.

The investigator was employed at the time as a counselor in a DVR agency. This was extremely helpful in establishing a relationship with this group. The investigator was seen as one who understood their roles and problems.

The Group Meeting

The procedure of data collection involved first a group meeting. Most frequently the group size ranged from 7-10, but in a few instances there were groups of 15-20. Frequently a number of counselors from remote regional offices met at a central point for this purpose. In several instances the investigator attended state-wide staff meetings where the research schedule was worked into the structure of the meeting.

Preliminary remarks were made by the investigator regarding the nature of the research project. An attempt was made to keep the tone of the meeting on an informal and relaxed level. Questions and comments were encouraged at any point in the process. (The Research Booklets were distributed with the explanations and directions read aloud.) Each person followed the reading with his individual copy. When it appeared that the group understood the nature of the task the booklets were completed at the individual's desk or in the group setting. Throughout the writing period the investigator was available for answering questions. It was frequently necessary to reaffirm the confidentiality of the project.

The Interview

Following the written completion of the booklet, which took from one to two hours, the individual interview schedule was started. The individual interviews lasted from 15 to 60 minutes. The relationship established was in most cases a positive one. The problem then was one of time limitation as the counselors responded favorably to an opportunity to review their counseling activities in a permissive atmosphere. They frequently wished to share more of their ideas and problems than had originally been requested.

The structure of the interview was directed toward gaining a clearer understanding and a more precise written account of the incidents they had contributed. Points not clear to the investigator after reading the incidents were clarified and elaborated. An attempt was made to avoid directing the responses into any specific areas; e.g., the investigator asked, "Can you tell me more about what you did? What did you do then? Do you recall what you said? How did the client respond to that? What did you say then?"

In most cases the counselors were quite successful in reconstructing the incident in terms of what they did and of what the client did or said. In those cases where the initial report of the incident was too generalized to be useful for this study, the modified role playing procedure discussed in the Pilot Study (p. 16) was used. This appeared to allow the counselor to focus on the incident itself. The requests when role playing was used were structured by saying, for example, "Can you show me how this happened? Pretend you are back in the setting—play the role as you played it then." The counselor would then re-enact his role or that of the client.

The investigator made notes in the Research Booklet on any points that clarified and made the incident more specific in terms of counseling behavior. The interviewing of each participant made it possible to use many incidents that would have been too generalized to be useful (i.e., would not have met the requirements of behavioral data).

PROCESSING THE DATA

At the completion of the data collection phase of the project, 404 counselors and supervisors had given reports of their effective and ineffective counseling for a total of 808 incidents. As the data were collected, each booklet was assigned a number. The information was then typed on 5x8 cards. Individual cards were typed for the effective incidents, for the ineffective incidents, and for the identifying counselor information. The next problem was one of identifying the behavioral elements in each incident and abstracting these behaviors[5] from the incident. It was then necessary to test the reliability of this abstracting process before developing a category formulation system which would describe the basic behavior patterns revealed.

Abstracting Behavioral Data from Incidents

The first step was the abstracting from the total incidents the behaviors which had been judged by the counselor or supervisor to be especially effective or ineffective. This involved reading the incident carefully and separating the behavior segments from the descriptive or extraneous material in the incident. The behaviors abstracted in this way made up the basic data of this study.

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[5] The word behaviors is used in this unique way as a method of expressing more than one act in a counseling incident. Each incident included more than one act or unit. These acts made up the basic data of the study so that it seemed reasonable to refer to them as *behaviors* rather than as behavior acts or behavior units. This form has been followed in C.I. studies (21).

The first hundred incidents were used as the basis for developing a set of rules to be followed in abstracting behavior reports from incidents. They were formulated as follows:

1. The focus of the abstractor should be on the behavior of the counselor—on what the counselor did.
2. The language and form used by the counselor in stating the behavior should be followed as nearly as possible.
3. The behavior abstracted should be specifically identified by the counselor or supervisor as effective or ineffective. (Identified under booklet questions, "What was especially effective or ineffective in your behavior?")
4. If the respondent had used general rather than behavioral terms to describe what was especially effective or ineffective, the interview and other parts of the incidents should be examined for the specific behavior which amplified the general theme. These behaviors are those which illustrate and make more explicit the general statement.
5. Clarification and further elaboration of these behavior statements may be found particularly under the booklet questions, "What did you do in this situation?"; "Why do you consider this especially effective (or ineffective)?"; and from the interview comments.
6. In the case of the ineffective incident, the responses to the question, "If you could do this situation over again, what would you do?" should be checked for specific behavior.
7. Behavior items cited in any part of the record should be listed if the respondent implies or states that this contributed to client movement or impeded or obstructed such movement.
8. Behavior repeated in different parts of the booklet should be included under one entry or omitted.
9. If no behavioral data could be abstracted from the C.I. report the record should be eliminated from the study.

Discussion with others and trial by others helped to develop these rules. This clarified ideas and made explicit the principles involved. A preliminary informal check with a second person was made on 20 incidents (10 effective and 10 ineffective). The differences that arose during this preliminary check were examined and discussed in detail. The disagreement between the two analysts was primarily of one type—that of including two behavior items in one abstraction or entry. This duplication appeared more frequently in the entries of the second abstractor. It was decided to review all abstractions already made to reduce this error. This review gave increased assurance that all of the incidents were abstracted by the same set of rules. A final check on agreement by the second analyst was made on a selected sample of incidents. A random sample was taken using every eighth incident. This produced a sample of 100 incidents for the purpose of testing agreement on the abstracting of behavior items according to the above rules.

TESTING RELIABILITY OF THE ABSTRACTING PROCESS

Method

The measuring of abstractor agreement proved to be complex. The results could not be described in a simple zero to one scale of agreement-disagreement. The following scale was therefore developed to measure agreement:

Agreement: (two types)

A_1. The abstractions of the two judges had essentially the same wording.

A_2. The abstractions of the two judges involved the same idea of the behavior but the wording was not identical. It was usually selected from a different part of the incident in which the counselor or supervisor had repeated with different wording the description of his action. The two might be at different levels of abstraction (both the same behavior but one described in more concrete terms).

Disagreement

D_1. This represents omission of the behavior on the part of one of the two judges (i.e., one judge did not abstract the behavior).

Agreement-Disagreement Area

A-D One idea or phrase was agreed upon by both judges but one judge combined this agreement with another phrase which the other judge felt represented another behavior. This, therefore, seemed to constitute an area of partial agreement-disagreement.

Results

The results of this reliability test according to the method described are reported in Table 3. The total agreement was 73 per cent in the effective incidents and 70 per cent in the ineffective incidents. The area of partial agreement-disagreement ranged from 18 per cent in the effective incidents to 21 per cent in the ineffective incidents with total disagreement on 8 per cent of the incidents (both effective and ineffective). This level of agreement seemed sufficiently high to assume that the abstracting process was being reliably carried out.

DEVELOPING THE CLASSIFICATION SYSTEM

General Considerations

The development of a classification system for the abstracted behaviors was the next step. A system of this type makes it possible to report the requirements in terms of job performance. (This organization of the behaviors facilitates understanding of the total set of behaviors.) Its use will permit the drawing of inferences and the making of comparisons regarding this data.

Review of other studies (particularly Truax (53) and Smith (51) who studied the work of counselors in school and university settings) using this method, and the experience of working with this data made it apparent that there were a number of possible classification systems. No one system would necessarily be the "right" one for this set of data.

Table 3

AGREEMENT BETWEEN TWO JUDGES IN ABSTRACTING BEHAVIORS FROM INCIDENTS BY NUMBER AND PER CENT

	Effective Incidents		*Ineffective Incidents*	
*Scale**	*Number*	*Per Cent*	*Number*	*Per Cent*
A_1	140	48.28	84	41.79
A_2	72	24.83	58	28.86
Total Agreement	212	73.11	142	70.65
D_1	23	7.93	16	7.96
A-D	55	18.96	43	21.39
TOTAL	290	100.00	201	100.00

* See page 23 for explanations of symbols in this column.

Choice of a system involved a regard for the frame of reference in which the data was being considered and the use to be made of the results. It was decided that the basic considerations to be followed in formulating categories would be:

1. The system should have a psychological base or frame of reference.
2. The system should be potentially useful in the training of rehabilitation counselors.
3. The system should be related to research in other counseling areas. (The assumption is made that rehabilitation counseling is a part of the general field of counseling.)

There were no signposts or guides for the development of categories from raw data. It was necessary to formulate a system following certain principles. The system developed was based on these considerations:

1. A frame of reference should be formulated and used as the starting point—the frame of reference for this study is stated above. Since counseling behavior had been studied and categorized, it was assumed that these models could serve as the starting point.
2. Data was inductively organized by sorting into groups or categories.
3. A workable system required that there should be no overlap in the areas or categories—that they be separate and distinct in their concept.
4. A precise definition of each category should be made early in the classification procedure.
5. As the process continued modifications of the categories and redefinitions of each were necessary, until a large sample of the behaviors had been classified. (The point at which the system should be crystallized and modification or refinement stopped is an arbitrary point based on adequate description of a certain portion of the sample assuming that the remaining behaviors would fit into the categories.)

6. The larger areas or categories are divided into groups so that finer descriptive levels are placed together.

Truax (53) used an *a priori* formulation of counselor functions to organize his data. This was considered one possibility but a more dynamic or behaviorally based frame of reference was desired. The literature was searched in order to study other procedures that had been used to organize or analyze interview data. The use of the concept of counselor roles played during the counseling process appeared to be the most promising approach. Both Danskin (15) and Hoffman (30) pointed up the value of this approach in working with counselors in training. The appropriate literature on the counseling role concept was reviewed.

Review of Studies Using Counselor Role Concept

A study by Muthard (41) points out that the use of problem areas and discussion topic units bringing together like behaviors makes it possible to identify shifts in counselor-client relationships. He suggests that the basis of these shifts might be the roles that counselors assume.

Danskin (16) attempted to identify counselor roles. He described nine roles which the counselor plays within the interview situation as follows:

1. Listening role
2. Reflecting role
3. Participating role
4. Diagnosing role
5. Advising-Tutoring role
6. Supporting role
7. Informing role
8. Information Gathering role
9. Socializing role

His study was concerned with the reliability with which counselor roles could be identified from typescripts of counseling interviews. For him, the term "role" referred to the consistent verbal behavior used by counselors in the interview. The major finding was that judges could agree beyond chance on the location and the labeling of roles played in the interview. Secondary findings were: (1) the frequency of role occurrence depends on (a) the problem under discussion, (b) the individual counselor's preference for certain roles, and (c) the characteristics of the specific counseling center from which the typescripts were studied; (2) roles vary in length; (3) roles bring together similar behaviors and set them apart from less related parts of the interview.

Hoffman (30) continued the study of roles in order to arrive at a more complete and precise description of counselor sub-role characteristics. He used the term sub-role in his formulation to describe the like behaviors within the counseling interview consequent to the general broad role implied in the term "counselor." This data was gathered from typescripts and was based on judgments made following the verbatim reading of these interviews. Hoffman formulated the following sub-roles:

1. Asking for elaboration
2. Information giving
3. Participating
4. Friendly discussion
5. Structuring: Administrative arrangements
6. Structuring: Focusing of topic
7. Structuring: Advising
8. Structuring: Relationship
9. Information gathering
10. Listening
11. Reflecting
12. Tutoring
13. Supporting
14. Diagnosing
15. Rejecting

His major findings were summarized in four areas as follows:

a. Reliability
    1. Judges can reach agreement and classify at a significant level the transition points between counselor sub-roles.

b. Sub-Role Frequency
    1. Certain sub-roles occur significantly more often than others; the use of these roles is usually determined early in the interview.

c. Pattern Similarity of Sub-Roles
    1. Counselors utilize a similar pattern of sub-roles which are in general consistent even though clients and problems differ.
    2. There are significant differences in the sub-role patterns used by counselors in discussing different kinds of problems.

d. Range of Sub-Roles
    1. Counselors tend to play a wide range of sub-roles consistently ranging from 4 to 13 with the median occurring at 9.5 and an average of 5.9 sub-roles per interview.

Danskin and Hoffman were primarily concerned with the concept of role as the counselor's consistent verbal behavior. Sarbin, in his discussion of Role Theory (49), defines role as "... a patterned sequence of learned actions or deeds performed by a person in an inter-action situation."

In the field of group dynamics some studies on the variety of role behavior within a group have been carried out. Among these is the study by Benne and Sheats (7) on the discussion group in terms of the roles played by members of the group such as the opinion-giver, the hostile critic and the encourager. The number of roles a person plays has been used as a dimension by Cameron (11) in a study of social adjustment and psychopathology with the conclusion that the absence of role-taking skill is influential in paranoid disorder development.

Development of Sub-Roles and Category System

The use of the concept of sub-roles assumed by counselors in the counseling process was selected as the basic framework for categorizing the data.

The system as developed by Danskin (15) and elaborated by Hoffman (30) was used as the original point of departure. It soon became apparent that adaptations and additions were necessary in order to describe the data of this study.

The following procedures or steps were followed in the development of this classification system:

1. The behaviors from the first one hundred incidents were used as the basis for the classification.
2. Similar behaviors were sorted according to the original role framework of Danskin and Hoffman.
3. Those behaviors that did not fit this system were grouped according to similarity.
4. Each group was then defined and the definitions amended and revised in order to describe and avoid overlapping between groups.
5. The major groups were broken down into finer classifications. These statements were in themselves descriptive of the behaviors and were therefore not further defined.
6. After classifying the behaviors from the first hundred incidents the system of sub-roles (major classification unit) and the categories (sub-classification units) were formed.
7. The behaviors from the second hundred incidents were then sorted according to this system. A few revisions of the system were necessary in order to include types of behaviors that were not found in the first hundred incidents.
8. A second person, an experienced counseling psychologist, then classified a selected sample of behaviors into the sub-role and category system.
9. Through a discussion of the disagreements further refinements were made in definitions of sub-roles and statements of the categories before submitting this system to judges for testing reliability.

The system as developed consisted of seven major divisions called *sub-roles* and 65 sub-divisions called *categories*. The sub-roles were used in pairs to organize the effective and ineffective behaviors (i.e., Sub-Role I Creation of Therapeutic Climate was used twice, once for effective behaviors and once for ineffective behaviors). These sub-roles are stated in terms of effective behavior. When used to organize ineffective behaviors they are considered as the opposite or converse. For the most part the system is symetrical with the effective and ineffective categories matched. (The one exception is Sub-Role VI, categories 5^1, 5^2, and 6).

The category system is more completely described and defined in Appendix F.

In preparation for submitting this system to judges for rating the behaviors a manual was developed which described and defined this sub-role and category system. Examples of behaviors representative of each sub-role and category were included in the manual along with procedural information. (Appendix F.)

RELIABILITY OF THE CATEGORY SYSTEM

The Rating Method

The sub-role and the category system was checked for reliability by two types of judges; non-expert and expert. The non-expert judges were ten first- and second-year graduate students in rehabilitation counseling. The expert judges were an experienced counseling psychologist who was director of a rehabilitation counselor training program and the investigator.

A half-day training session was held with the judges. At this time the manual was reviewed thoroughly. The examples were studied, and questions from the judges were encouraged. The judges were then given 24 sample behaviors for rating. On this practice rating an approximate 70 per cent agreement was found. This was believed to be sufficient indication that the judges understood the system and could proceed with the rating process.

The procedure used by the non-expert judges was as follows:

1. Each of the behaviors was rated according to the system outlined in the manual of instructions. (Appendix F.)
2. Two judges rated each of the behaviors. This was done over a four-day period.
3. Each behavior was typed on a 3 x 5 card and these cards were arranged in sequence into 5 sets for each day of judging. Each of the 5 teams was given one set of these cards daily. These sets had been divided into two parts with the members of each team exchanging cards on the completion of one part.
4. Each judge recorded the sub-role and category rating for each behavior on prepared rating sheets.

The method of rating behaviors by the expert judges differed somewhat from that described for the non-expert judges. The investigator rated all behaviors while the second expert judge rated a selected sample made up of every fourth behavior from the total sample of behaviors.

Agreement-Disagreement Scale

A procedure for measuring the judges' agreement was developed utilizing some of the same principles as those described for testing the reliability of the abstracting process (page 23). The following points were considered in developing this scale: (1) agreement-disagreement in this test could not be measured on a 0-1 type scale; (2) there were several levels of agreement to be described.

The rating scale follows:

Agreement-Disagreement Levels

A_1	Represents agreement of the judge with the investigator in placing the behavior in the sub-role, in the category, and in the sub-category (complete agreement).
A_2	Represents agreement of the judge with the investigator in placing the behavior in the sub-role and in the category; disagreeing on the sub-category placement.
A_3	Represents agreement of the judge with the investigator in placing the behavior in the sub-role only; disagreeing on the category and sub-category placement.
D	Represents complete disagreement of the judge with the investigator in placing the behavior in the sub-role, in the category, and in the sub-category.

Results of Ratings by Non-Expert Judges

The results of the rating by the non-expert judges are summarized in Tables 4 and 5. The individual judge's ratings were compared with those of the investigator. Table 4 shows the agreement and disagreement in the placement of the behaviors into the sub-roles ($A_1+A_2+A_3$ on the rating scale). These ratings are described by numbers and percentages of agreement and disagreement for each judge. The number of behaviors on which the judges reached agreement with the investigator ranged from 217 to 290 with a median of 260. Converted to percentages this represents a range of 56 per cent to 74 per cent and a median of 68 per cent agreement. The numbers of behaviors on which the judges did not agree with the investigator on placement in the sub-role system ranged from 99 to 169, with a median of 128 behaviors. Described by percentage this represents a range of 25 per cent to 44 per cent with a median of 33 per cent disagreement.

Table 5 shows the analysis of the types of agreement for each individual judge. Type A_1 (i.e., complete agreement at sub-role, category and

Table 4

AGREEMENT OF NON-EXPERT JUDGES WITH INVESTIGATOR IN PLACING BEHAVIORS IN 14 SUB-ROLES BY NUMBER AND PER CENT

Judges		*Agreement At Sub-Role Level*		*Disagreement At Sub-Role Level*		*Behaviors Judged*	*Total*
Team	*Judge*	*Number*	*Per Cent*	*Number*	*Per Cent*	*Number*	*Number*
I	1	277	71.39	111	28.61	388	388
	2	268	69.97	115	30.03	383*	
II	1	254	66.00	131	34.00	385	385
	2	243	63.12	142	36.88	385	
III	1	290	74.55	99	25.45	389	389
	2	270	69.59	118	30.41	388*	
IV	1	256	66.32	130	33.68	386	386
	2	217	56.22	169	43.78	386	
V	1	248	64.08	139	35.92	387	387
	2	264	68.22	123	31.78	387	
TOTAL							1,935**
MEDIAN		260	67.50	127.5	32.50	386.5	

*Six behaviors were considered unclassifiable by one judge.

**Behaviors used as examples in the Manual of Instructions for Rating Counselor Sub-Roles and Categories and in the judges' training session were not included in this rating.

Table 5

ANALYSIS OF THE TYPES OF AGREEMENT OF NON-EXPERT JUDGES WITH INVESTIGATOR IN PLACING BEHAVIORS INTO THE CATEGORY SYSTEM BY NUMBER

Judges		*Types Of Agreement*			
		A_1*	A_2**	A_3***	*Total*
Team	*Judge*	*Number*	*Number*	*Number*	*Number*
I	1	196	37	44	277
	2	196	29	43	268
II	1	200	16	38	254
	2	180	41	22	253
III	1	207	41	42	290
	2	217	20	33	270
IV	1	197	22	37	256
	2	88	60	69	217
V	1	172	38	34	248
	2	203	28	33	264
MEDIAN		195.5	33.5	37.5	260
PER CENT OF TOTAL NUMBER		75.19	12.88	14.41	100.00

*A_1—Complete agreement in placing the behaviors at the sub-role, category and sub-category level.

**A_2—Agreement in placing the behaviors at the sub-role and category level; disagreement at the sub-category level.

***A_3—Agreement in placing the behaviors at the sub-role level; disagreement at the category and the sub-category level.

sub-category levels) with a range of 88 to 217 behaviors and a median of 195.5 accounts for 75.19 per cent of the agreement reached. Type A_2 (i.e., agreement at the sub-role and category levels; disagreement at the sub-category level) has a range of 16 to 60 behaviors and a median of 33.5. This type accounts for 12.88 per cent of the agreement reached. Type A_3 (i.e., agreement at the sub-role level; disagreement at the category and sub-category level) has a range of from 22-69 behaviors; a median of 37.5; and accounts for 14.41 per cent of the total agreement reached.

Among the factors which might have accounted for the individual differences among the judges are:

1. The motivation for this task varied from judge to judge.
2. This judging was done at the end of a school semester. The task took the place of a final examination.
3. The level of agreement varied somewhat from day to day with a slight tendency for more agreement on the first day than each succeeding day.
4. There is some indication that the more adequate students in the counselor training program tended to evidence a higher per cent of agreement with the investigator than did the less adequate student. It is possible, of course, that the motivation of these students can account for this difference.
5. A longer period of training for greater familiarity with the category system may have been desirable for some of the judges.

Results of Ratings by Expert Judges

The results of the two expert judge ratings in placing behaviors into the 14 sub-roles are described in Tables 6 and 7. Table 6 shows that out of a total sample of 519 behaviors the judges agreed on 78.04 per cent or 405 behaviors. They disagreed on the placement of 21.96 per cent or on 114 behaviors.

Table 7 shows the analysis of the types of agreement between the expert judges. Agreement Type A_1 accounted for 81.73 per cent of the agreement reached. This means that out of the sample of 405 behaviors 331 or 81.73 per cent were placed by both judges in the same sub-role, category and sub-category; 26 or 6.42 per cent were placed by both judges in the same sub-role and category (disagreed on the sub-category); 48 or 11.85 per cent were placed by both judges into the same sub-role (disagreed on category and sub-category placement).

The agreement reached by the expert judges was higher than the level achieved by the non-expert judges. In part this could be accounted for by the higher level of knowledge and experience in counseling, more

Table 6

AGREEMENT BETWEEN TWO EXPERT JUDGES IN PLACING BEHAVIORS INTO 14 SUB-ROLES BY NUMBER AND PER CENT

Agreement At Sub-Role Level		*Disagreement At Sub-Role Level*		*Total Behaviors Judged*
Number	*Per Cent*	*Number*	*Per Cent*	*Number*
405	78.04	114	21.96	519

Table 7

ANALYSIS OF THE TYPES OF AGREEMENT BETWEEN TWO EXPERT JUDGES IN PLACING BEHAVIORS IN CATEGORY SYSTEM

Types Of Agreement	*Numbers Of Behaviors*	*Per Cent*
A_1	331	81.73
A_2	26	6.42
A_3	48	11.85
TOTAL	405	100.00

familiarity and understanding of the category system, and the higher motivation for completion of the rating task.

Establishing Sub-Role and Category Placement of Behaviors

The judges' ratings served as a means of establishing the final sub-role and category placement of each behavior. The placement was determined on the basis of:

1. Complete agreement (A_1 on agreement-disagreement scale) by 3 judges; this agreement could be between two non-expert judges and one expert judge or agreement by 2 expert judges and one non-expert judge.
2. On those behaviors where 3 judges did not agree the differences were discussed by the two expert judges and a pooled rating on the sub-role and category was established.

These ratings then established the placement of the behavior in the sub-role and category system. The behavioral data (final placement in sub-roles and categories) along with the identifying data (i.e., counselors' age, sex, education, experience, etc.) were coded and prepared for IBM processing.

Hypotheses

The hypotheses as formulated for this study represented the combined thinking of three persons—two directors of rehabilitation counseling training programs and the investigator. Each of these persons formulated a set of hypotheses based on his judgments of the differences that would exist between a trained and untrained person in the use of the role behaviors as described by this study.

The common ingredients were abstracted from these statements and used as the basis of formulating a set of hypotheses. It became necessary to revise the general formulations of differences between trained and untrained counselors into more precise statements which could be tested.

The training variable of the population was defined in terms of the major area of academic preparation and the highest degree level of the preparation. Three groups were defined and delineated as follows:

[redacted] Trained—counselors [redacted] with (1) a doctorate in counseling and guidance, education, or psychology and/or (2) a master's degree in rehabilitation counseling, counseling and guidance, psychology, or social work.

[redacted] Somewhat Trained—counselors [redacted] with a master's degree in sociology and anthropology, education, school administration and personnel.

Group III Untrained—counselors or supervisors with no degree, a bachelor's degree, or a master's degree in commerce, humanities, [redacted], or other liberal arts areas.

The two extreme groups, Group I—Trained and Group III—Untrained, were selected to test the hypotheses. The specific hypothesis to be tested will be stated in the next chapter.

SUMMARY

This chapter considered the adaptations of the C.I. technique to this study. A general aim of rehabilitation counseling was formulated. Procedures used in outlining the questionnaire form, designated the Research Booklet, were described. Effective and ineffective incidents of counseling were gathered in small group settings from a total sample of 404 counselors and supervisors from DVR agencies, from V.A. and private agencies in 20 states.

The basic data of the study were behaviors abstracted from the incidents. The steps and criteria used in the establishment of a category system were stated. Judges used this system to categorize the data. These ratings were compared with those of the investigator for agreement. Hypotheses were formulated on differences in distribution of behaviors reported by trained and untrained counselors. The data was prepared for IBM processing.

Chapter IV

THE CHARACTERISTICS OF THE SAMPLE

Number and Agency Representation

A total of 404 counselors and supervisors participated in this investigation. This group is probably representative of the total population of rehabilitation counselors.[6] The sample described by number and counselor types is shown in Table 8.

Ages

The age distribution of this sample is described in Table 9. Type I and Type II counselors have approximately the same median age—42 and 41 respectively. The median age of the supervisors tends to be slightly higher than that of the counselors. The median age of DVR supervisors is 47 years and of other supervisors 44 years.

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[6] It was estimated by Garrett (23) that there are approximately 3,600 rehabilitation counselors currently employed in both public and private agencies. This would mean that this study includes approximately 11.5 per cent of the total population of these counselors.

Table 8

NUMBER OF SUBJECTS BY COUNSELOR TYPE*

Counselor Type		Number
I	DVR Counselor	289
II	Counselor other	52
III	Supervisor DVR	52
IV	Supervisor other**	11
TOTAL		404

*Type I—counselors employed by the DVR agencies.
Type II—counselors employed by agencies other than DVR agencies.
Type III—supervisors employed by the DVR agency.
Type IV—supervisors employed by other than DVR agency.

**The small number of Type IV Counselors (supervisor other) indicates that all findings on this group are subject to cautious interpretation. In several tabulations the Type II and Type IV counselor distributions are combined. This seemed warranted as these groups are similar with regard to educational background and counseling orientation.

Table 9

AGE DISTRIBUTION ACCORDING TO COUNSELOR TYPE BY NUMBER AND PER CENT

Age	I Counselors DVR Agencies Number	I Counselors DVR Agencies Per Cent	II Counselors Other Agencies Number	II Counselors Other Agencies Per Cent	III Supervisors DVR Agencies Number	III Supervisors DVR Agencies Per Cent	IV Supervisors Other Agencies Number	IV Supervisors Other Agencies Per Cent	Total Counselors and Supervisors Number	Total Counselors and Supervisors Per Cent
20-29	29	10.06	5	9.62	1	1.92	1	9.09	36	8.93
30-39	96	33.31	19	36.54	11	21.15	3	27.27	129	32.01
40-49	104	36.11	14	26.92	20	38.46	4	36.37	142	35.24
50-59	48	16.67	9	17.30	16	30.77	3	27.27	76	18.86
Over 60	11	3.85	5	9.62	4	7.70	0		20	4.96
TOTAL	288*	100.00	52	100.00	52	100.00	11	100.00	403*	100.00
MEDIAN	42 years		41 years		47 years		44 years			

*No data 1 DVR counselor

Table 10

SEX DISTRIBUTION ACCORDING TO COUNSELOR TYPE BY NUMBER AND PER CENT

Sex	I Counselors DVR Agencies Number	I Counselors DVR Agencies Per Cent	II Counselors Other Agencies Number	II Counselors Other Agencies Per Cent	III Supervisors DVR Agencies Number	III Supervisors DVR Agencies Per Cent	IV Supervisors Other Agencies Number	IV Supervisors Other Agencies Per Cent	Total Counselors and Supervisors Number	Total Counselors and Supervisors Per Cent
Male	253	87.54	44	84.62	46	88.46	10	90.91	353	87.37
Female	35	12.11	8	15.38	6	11.54	1	9.09	50	12.38
No data	1									
TOTAL	289	100.00	52	100.00	52	100.00	11	100.00	404	100.00

Table 11

MARITAL STATUS ACCORDING TO COUNSELOR TYPE BY NUMBER AND PER CENT

Marital Status	I Counselors DVR Agencies Number	I Counselors DVR Agencies Per Cent	II Counselors Other Agencies Number	II Counselors Other Agencies Per Cent	III Supervisors DVR Agencies Number	III Supervisors DVR Agencies Per Cent	IV Supervisors Other Agencies Number	IV Supervisors Other Agencies Per Cent	Total Counselors and Supervisors Number	Total Counselors and Supervisors Per Cent
Married	179	61.93	35	67.31	39	74.99	6	54.55	259	64.11
Single	34	11.76	11	21.15	2	3.85	2	18.18	49	12.13
Other	10	3.46			2	3.85	1	9.09	13	3.22
No data	66	22.85	6	11.54	9	17.31	2	18.18	83	20.54
TOTAL	289	100.00	52	100.00	52	100.00	11	100.00	404	100.00

Table 12

SALARY DISTRIBUTION ACCORDING TO COUNSELOR TYPE BY NUMBER AND PER CENT

Income	I Counselors DVR Agencies Number	I Counselors DVR Agencies Per Cent	II Counselors Other Agencies Number	II Counselors Other Agencies Per Cent	III Supervisors DVR Agencies Number	III Supervisors DVR Agencies Per Cent	IV Supervisors Other Agencies Number	IV Supervisors Other Agencies Per Cent
300-399	33	11.51	3	5.77				
400-499	176	61.31	8	15.39	12	23.53	1	9.09
500-599	75	26.13	14	26.92	25	49.02	1	9.09
Over 600	3	1.06	27	51.92	14	27.45	9	81.82
TOTAL	287*	100.00	52	100.00	51**	100.00	11	100.00

*No data—2
**No data—1

Sex

The data summarized in Table 10 indicate that men outnumbered women about seven to one. This is consistent among all four of the counselor types.

Marital Status

As indicated by Table 11 the largest proportion of this group is married. A substantial number did not complete this question. The omission may be explained by the placement of the question in the Research Booklet. It is in a sequence of questions that could have made it easy to overlook in completing the questionnaire.

Salaries

The data presented in Table 12 summarize the monthly salary range of this sample. An examination of the modes of these distributions indicates that the salaries of counselors and supervisors from other agencies are consistently higher than the salaries of DVR personnel. Among Type 1 counselors 61.31 per cent or 176 of the 287 reporting were receiving salaries between $400-$499. This figure represents the mode of the distribution. This is in sharp contrast to the Type II counselor group from other agencies who report in 51.92 per cent of the instances salaries of over $600. Only three Type I counselors, or 1.05 per cent of the sample, received salaries over $600. Further examination of the findings shows that 72.82 per cent of Type I counselors receive less than $500 per month while 78.84 per cent of Type II counselors receive $500 or above. The supervisor in the DVR groups receives generally a higher salary than the DVR counselor with the mode at $500-$599. The mode salary of the supervisor in other agencies, however, is over $600 with 81.82 per cent of this group reporting salaries at this level.

Professional Affiliations

The professional and interest group affiliations of the counselors and supervisors in this sample are summarized in Table 13. It is evident that the major affiliation of the DVR personnel is the National Rehabilitation Association (NRA); 69.55 per cent of Type I counselors and 61.54 per cent of Type III counselors belong to NRA. By comparison 23.08 per cent of Type II and 27.27 per cent of Type IV counselors belong to NRA. The affiliations most frequently reported by Type II and Type IV counselors are with the American Psychological Asociation (APA) and/or the American Personnel and Guidance Association (APGA). Counselors and supervisors in all groups belong to a mean of approximately 1.5 organizations. There appears to be a slight tendency for a higher percentage of Type I and III counselors to have no professional affiliations.

Table 13

PROFESSIONAL AFFILIATIONS OF REHABILITATION COUNSELORS AND SUPERVISORS ACCORDING TO COUNSELOR TYPE BY NUMBER AND PER CENT

Organizations	I Counselors DVR Agencies		II Counselors Other Agencies		III Supervisors DVR Agencies		IV Supervisors Other Agencies	
	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
National Rehabilitation Association	201	69.55	12	23.08	32	61.54	3	27.27
American Psychological Association	14	4.84	28	53.84	2	3.85	5	45.45
American Personnel and Guidance Association	67	23.18	22	42.31	11	21.15	8	72.72
National Association of Social Workers	22	7.61	1	1.92	6	11.54	1	9.09
Health and Welfare Organizations	13	4.50			8	15.38		
Educational Organizations	81	28.03	2	3.85	14	26.92		
Other—unrelated	37	12.80	9	17.31	8	15.38	3	27.27
No Memberships	56	19.38	8	15.38	9	17.31	1	9.09
AVERAGE NUMBER AFFILIATIONS	1.50		1.42		1.55		1.81	

Highest Degree Achieved

The data in Table 14 show that Type II and IV counselors have achieved higher degree levels of education than Type I and III counselors. The bachelor's degree is the highest degree achieved by 50.86 per cent of Type I counselors and 55.77 per cent of the Type III counselors. The highest degree attained by 53.85 per cent of the Type II counselors and 45.45 per cent of the Type IV counselors is the master's degree. The doctorate level has been achieved by 32.69 per cent of Type II counselors and 36.36 per cent of Type IV counselors. There is one doctorate among the Type I counselors. There were no doctorates in the Type III group.

Bachelor's Degree Major

Table 15 summarizes the distribution of the bachelor's degree major fields. The three most frequently occurring majors by counselor type are reported in rank order as follows:

Type I	—(1)	Social Science	26.25 Per Cent
	(2)	Education	16.99 Per Cent
	(3)	Psychology	14.29 Per Cent
Type II	—(1)	Psychology	40.91 Per Cent
	(2)	Education	20.45 Per Cent
	(3)	Science	18.18 Per Cent
Type III	—(1)	Social Science	29.55 Per Cent
	(2)	Education	20.45 Per Cent
	(3)	Psychology	15.91 Per Cent
Type IV	—(1)	Psychology	44.45 Per Cent
	(2.5)	Education	22.22 Per Cent
	(2.5)	Science	22.22 Per Cent

From this data it would appear that the Type II and IV counselors tend to major as undergraduates in psychology to a greater extent than do Type I and III counselors.

Master's Degree Major

Table 16 summarizes the master's degree majors of this sample. Among Type I and Type III counselors the most frequent majors were: (1) education, (2) counseling and guidance, and (3) school administration. Type II and Type IV counselors most frequently majored in (1) psychology, (2) education, and (3) counseling and guidance.

The two majors of psychology and counseling and guidance included about 63 per cent of Type II counselors compared with 29 per cent of Type I counselors.

Table 14

HIGHEST DEGREE ATTAINED BY REHABILITATION COUNSELORS AND SUPERVISORS ACCORDING TO COUNSELOR TYPE BY NUMBER AND PER CENT

Degree	I Counselors DVR Agencies Number	I Counselors DVR Agencies Per Cent	II Counselors Other Agencies Number	II Counselors Other Agencies Per Cent	III Supervisors DVR Agencies Number	III Supervisors DVR Agencies Per Cent	IV Supervisors Other Agencies Number	IV Supervisors Other Agencies Per Cent
Less than B.A.—B.S.	7	2.42			1	1.92	1	9.09
B.A.—B.S.	147	50.86	7	13.46	29	55.77	1	9.09
M.A.—M.S. M. Ed.	126	43.60	28	53.85	22	42.31	5	45.45
Ph.D.—Ed.D.	1	.35	17	32.69			4	36.36
Other: B.D.—LL.D.	5	1.73						
No data	3	1.04						
TOTAL	289	100.00	52	100.00	52	100.00	11	100.00

Table 15

BACHELOR'S DEGREE MAJOR ACCORDING TO COUNSELOR TYPE BY NUMBER AND PER CENT

Major	I Counselors DVR Agencies Number	 Per Cent	II Counselors Other Agencies Number	 Per Cent	III Supervisors DVR Agencies Number	 Per Cent	IV Supervisors Other Agencies Number	 Per Cent
Commerce	15	5.79			4	9.09		
Education	44	16.99	9	20.45	9	20.45	2	25.00
Humanities	30	11.58	2	4.55	2	4.55		
Personnel	6	2.32						
Psychology	37	14.29	18	40.91	7	15.91	4	50.00
Science	31	11.97	8	18.18	5	11.36	2	25.00
Social Science	68	26.25	7	15.91	13	29.55		
Social Work	3	1.16						
Sociology-Anthropology	25	9.65			4	9.09		
TOTAL	259	100.00	44	100.00	44	100.00	8	100.00
No degree	7				1		1	
No major specified	10		2		3		1	
No data	13		6		4		1	
	30		8		8		3	

Table 16

MASTER'S DEGREE MAJOR ACCORDING TO COUNSELOR TYPE BY NUMBER AND PER CENT

	I Counselors DVR Agencies		II Counselors Other Agencies		III Supervisors DVR Agencies		IV Supervisors Other Agencies	
Major	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Commerce	1	.8						
Counseling and Guidance	27	20.93	7	17.07	4	18.18	1	12.50
Education	33	25.58	8	19.51	7	31.82	3	37.50
Humanities	3	2.32						
Personnel	2	1.55	1	2.44				
Psychology	12	9.30	19	46.34	3	13.63	4	50.00
Rehabilitation Counseling	8	6.20						
School Administration	22	17.05	2	4.88	5	22.73		
Social Science	9	6.97	1	2.44	1	4.55		
Social Work	7	5.42	1	2.44	2	9.09		
Sociology and Anthropology	5	3.87	2	4.88				
TOTAL	129	100.00	41	100.00	22	100.00	8	100.00
No major specified	1						1	
No data			4				1	
Without Master's Degree	159		7		30		1	
	160		11		30		3	

Table 17

DOCTORAL DEGREE MAJORS ACCORDING TO COUNSELOR TYPE BY NUMBER

Degree and Major	I Counselor DVR	II Counselor Other	III Supervisor DVR	IV Supervisor Other	Total
Ph.D.					
Psychology		11			11
Counseling and Guidance		2		1	3
Education	1	1		1	3
Ed.D.					
Counseling and Guidance		2		1	3
Education		1		1	2
TOTAL	1	17		4	22

Doctoral Majors

The doctoral degrees are with one exception concentrated among the Type II and Type IV counselors. Out of the 22 doctorates earned by these two groups, 11 were in psychology, 5 in education, and 6 in counseling and guidance. The one Type I counselor had a doctorate in education. There were no Type III counselors in this sample with doctorates.

Counseling Experience

The counseling experience is summarized in Table 18. For all four types of counselors the amount of experience most frequently reported is in the 10- to 15-year category. A larger proportion of supervisors tend to have experience at this level than do counselors.

Among Type I counselors there is a bi-modal distribution; 26.30 per cent of the sample report experience at the 10- to 15-year category level and 38.41 per cent of the sample report less than three years of experience. Type II counselors show a different experience pattern. The categories above the six-year level include 69.22 per cent of this group. The supervisors of this group (Type IV) are distributed in much the same fashion. State DVR supervisors, Type III counselors, report that 71.15 per cent of their experience amounts to ten years and over. Type IV counselors report that 36.36 per cent of their experience falls in the 10- to 15-year range, with 36.36 of their experience falling in the 6- to 8-year range.

Table 18

COUNSELING EXPERIENCE ACCORDING TO COUNSELOR TYPE BY NUMBER AND PER CENT

Amount in Years	I Counselors DVR Agencies Number	Per Cent	II Counselors Other Agencies Number	Per Cent	III Supervisors DVR Agencies Number	Per Cent	IV Supervisors Other Agencies Number	Per Cent
Under 1 year	27	9.41	2	3.85				
1	38	13.24	4	7.69	1	1.92		
2	46	16.03	2	3.85	2	3.85		
3	15	5.23			2	3.85		
4	17	5.92	5	9.62	4	7.69	2	18.19
5	9	3.13	3	5.77	1	1.92	1	9.09
6 - 7	32	11.15	8	15.38	2	3.85	4	36.36
8 - 9	15	5.23	8	15.38	3	5.77		
10 - 14	76	26.48	16	30.77	21	40.38	4	36.36
15 and over	12	4.18	4	7.69	16	30.77		
TOTAL	287	100.00	52	100.00	52	100.00	11	100.00
MEDIAN	4.5 years		8.5 years		12.5 years		7.5 years	
No data	2							

Number of Years in Present Job

The number of years experience in the present job is summarized in Table 19. The distributions for the four counselor types tend to be bi-modal. For Type I counselors the mode appearing at the 10- to 15-year interval accounts for 24.57 per cent of the experience in the present job. The mode created by adding the intervals covering the 1- to 3-year categories accounts for 34.60 per cent of the experience in the present job.

Seventy per cent of Type II counselors have had less than six years of experience in their present job. None of this group report between 6 and 10 years' experience. Experience of 10 years or more was reported by 28.85 per cent of the counselors.

The Type III counselors show somewhat the same bi-modal pattern; 30.78 per cent of the supervisors report experience of 10 years or more while 44 per cent report experience in the present job of between 1 and 3 years. A gap appears in the years between 3 and 10 years with no experience reported.

Table 19

NUMBER OF YEARS IN PRESENT JOB ACCORDING TO COUNSELOR TYPE BY NUMBER AND PER CENT

	I Counselors DVR Agencies		II Counselors Other Agencies		III Supervisors DVR Agencies		IV Supervisors Other Agencies	
Amount	Number	Per Cent	Number	Per Cent	Number	Per Cent	Number	Per Cent
Under 1 year	35	12.19	4	7.69	6	11.54	1	9.09
1 year and up to 2 years	43	14.98	8	15.38	11	21.15	3	27.27
2 years and up to 3 years	57	19.86	6	11.54	12	23.08		
3 years and up to 4 years	19	6.62	6	11.54	1	1.92	1	9.09
4 years and up to 5 years	15	5.23	8	15.38				
5 years and up to 6 years	7	2.44	5	9.62				
6 years and up to 8 years	20	6.97			1	1.92	4	36.37
8 years and up to 10 years	14	4.88			1	1.92		
10 years and up to 15 years	71	24.74	15	28.85	16	30.78	1	9.09
15 years and over	6	2.09			4	7.69		
TOTAL	287	100.00	52	100.00	52	100.00	11	100.00
No data	2							

2

Chapter V

THE ANALYSIS OF CRITICAL COUNSELING BEHAVIORS

THE DISTRIBUTION OF CRITICAL BEHAVIORS

The principal goal of this investigation was to apply the C.I. technique to counseling in rehabilitation settings. The discussion and data of this section will describe the results of this application. A detailed study was made of the frequency distributions in order to determine the relative proportions of behaviors in each sub-division of the category system.

As a first step the distributions of effective and ineffective behaviors for the total group were tabulated as in Tables 20 and 21. These tables show the number and per cent of the total effective or ineffective behaviors found in each sub-role and category. The total number of

Table 20

NUMBER AND PER CENT OF EFFECTIVE BEHAVIORS CLASSIFIED UNDER EACH SUB-ROLE AND CATEGORY

	Effective	
	Number	*Per Cent*
Sub-Role I—Creation of Therapeutic Climate		
1 Counselor supports the client		
a Creation and development of counseling relationship	76	7.31
b Developing motivation—encourages self-help and action	63	6.06
c Acceptance and reassurance of client	141	13.57
2 Counselor listens to client		
a Encourages client to tell his story in own way	69	6.64
b Counselor talks little—especially at first	12	1.16
3 Counselor is composed, calm (even in face of hostility)	24	2.31
TOTAL	385	37.05
Sub-Role II (1)—Structuring: Arranging		
1 Counselor arranges for or with the client		
a For other appointments or referrals	22	2.12
b Intercedes for client with agencies or persons	45	4.33
2 Controls setting or conditions for client contact		
a Arranges setting, time and conditions	15	1.44
b Arranges to see client alone if needed	6	.58
c Arranges for face-to-face contact	1	.10
TOTAL	89	8.57

Table 20 (continued)

		Effective	
		Number	Per Cent
Sub-Role II(2)—Structuring: Defining Limits			
1	Defines goals of counseling for client and significant others	23	2.21
2	Counselor delineates his responsibility in relationship	12	1.16
3	Counselor delineates client's responsibility	34	3.27
4	Sufficient time allowed—unhurried approach	32	3.08
	TOTAL	101	9.72
Sub-Role III—Information Gathering			
1	Findings from others sufficient (medical, psychological histories)	24	2.31
2	Findings from client (personal data, self-observations) sufficient	11	1.06
3	Method of questioning appropriate and productive	16	1.54
	TOTAL	51	4.91
Sub-Role IV—Evaluating			
1	Used data available accurately and thoroughly	20	1.93
2	Formed independent judgment (not pressured, influenced)	5	.48
3	Recognizes signs of behavioral disturbance	10	.96
4	Evaluation arrived at after facts assembled	7	.67
5	Recognizes client readiness for services	19	1.83
	TOTAL	61	5.87
Sub-Role V—Information Giving			
1	Gives adequate information regarding vocations, jobs, rehabilitation facilities	38	3.66
2	Adequate or effective interpretation of professional opinion or facts (psychological, medical, etc.)	72	6.93
3	Use of simple, non-technical language	7	.67
	TOTAL	117	11.26
Sub-Role VI—Interacting (participating, advising, directing)			
1	Counselor-client work together	79	7.60
2	Counselor plans and works co-operatively with other agencies and professional associates	38	3.66
3	Counselor plans with client and significant others	37	3.56
4	Counselor creates learning situation for client to develop insight, knowledge or a skill	25	2.41
5	Counselor advises or directs client	56	5.39
	TOTAL	235	22.62
	TOTALS	1,039	100.00

Table 21

NUMBER AND PER CENT OF INEFFECTIVE BEHAVIORS CLASSIFIED UNDER EACH SUB-ROLE AND CATEGORY

	Ineffective	
	Number	*Per Cent*
Sub-Role I—Creation of Therapeutic Climate		
1 Counselor failed to support the client		
a Did not create or maintain a counseling relationship	65	6.90
b Did not develop motivation or encourage self-help and action	16	1.70
c Rejected client; did not provide acceptance	66	7.11
2 Counselor did not listen to client		
a Did not permit client to tell his story in his own way	13	1.38
b Counselor talked too much—especially at first	10	1.06
3 Counselor loses his composure—becomes angry, defensive	51	5.41
TOTAL	222	22.56
Sub-Role II(1)—Structuring: Arranging		
1 Counselor does not arrange for or with the client		
a For other appointments or referrals	2	.21
b For assistance from other agencies or persons	5	.53
2 Counselor does not control setting or conditions for client contact		
a Saw client in an inappropriate setting, inappropriate time and conditions	38	4.03
b Saw client with other person or persons present who interfered with relationship	23	2.44
c Face-to-face contact not made (uses telephone, letter or other person)	11	1.17
TOTAL	79	8.33
Sub-Role II(2)—Structuring: Defining Limits		
1 Does not define goals of counseling for client and significant others	20	2.12
2 Counselor does not delineate his responsibility in relationship	11	1.17
3 Counselor does not delineate client's responsibility in relationship	11	1.17
4 Insufficient time allowed—hurried approach	45	4.78
TOTAL	87	9.24
Sub-Role III—Information Gathering		
1 Findings from others insufficient (medical, psychological histories)	46	4.88
2 Findings from client insufficient (few client observations about self)	30	3.19
3 Method of questioning inappropriate and unproductive	15	1.59
TOTAL	91	9.66

Table 21 (continued)

		Ineffective	
		Number	*Per Cent*
Sub-Role IV—Evaluating			
1	Did not use data available accurately or thoroughly	34	3.61
2	Did not form an independent judgment (influenced, pressured by others)	40	4.25
3	Did not recognize symptoms of behavioral or personality disturbances	44	4.67
4	Premature evaluation made before facts assembled	42	4.46
5	Does not recognize client readiness for counseling service	47	4.99
	TOTAL	207	21.98
Sub-Role V—Information Giving			
1	Does not give adequate information regarding vocations, jobs, rehabilitation facilities	10	1.06
2	Inadequate or ineffective interpretation of professional opinion or facts (medical or psychological, etc.)	45	4.78
3	Used technical, complex language (talked "over-the-head" of client)	7	.74
	TOTAL	62	6.58
Sub-Role VI—Interacting (participating, advising, directing)			
1	Counselor-client do not work together (one controls interview)	30	3.18
2	Counselor does not include or work co-operatively with other agencies or professional associates	27	2.87
3	Counselor does not plan with client and significant others or help to resolve their problems	27	2.87
4	Counselor does not create learning situations to help client develop insight, knowledge or skill	11	1.17
5	Counselor advises or directs client authoritatively	48	5.09
5^1	Counselor unable to convince client of a point of view (advice and direction rejected by client)	19	2.02
5^2	Counselor gves inappropriate advice or couldn't come up with "answer"	22	2.34
6	Counselor performs or acts where not involved or trained	10	1.06
	TOTAL	194	20.60
	TOTALS	942	100.00
	GRAND TOTAL (Effective and Ineffective)	1,981	

behaviors, both effective and ineffective, is 1,981; 1,039 effective behaviors for an average of 2.57 behaviors per counselor and 942 ineffective behaviors averaging 2.33 behaviors per counselor. It will be noted that there are slightly more effective than ineffective behaviors. This has been observed by other investigators who have used the C.I. technique (1, 50, 53, 55). Truax (53) reports 28 per cent more effective than ineffective behaviors (64 per cent effective and 36 per cent ineffective). A study by American Institute of Research (1) reports 25 per cent more effective than ineffective behaviors.

The proportion of effective to ineffective behaviors resulting from this investigation is more evenly balanced than in the other studies cited. The effective behaviors account for 52.44 per cent of the total; the ineffective behaviors account for 47.55 per cent of the total. In the investigator's opinion the differences noted here may possibly be accounted for by the emphasis on the following points during the data collection phase:

1. Assurances were given verbally as well as by the attitude of the investigator that the work of the individual was not being evaluated; i.e., no judgments of "right" or "wrong" were being made by the investigator.
2. Precautions were taken to assure the anonymity of the contributions. Statements regarding this were made personally by the investigator and were also written into the instructions. Special assurance was needed by many that their supervisors or directors would not see their completed booklets.
3. By requesting an effective incident first the threatening aspects of giving an ineffective incident were minimized.
4. The participants were helped to feel that they were making a professional contribution through their efforts.

In order to examine the rank of the individual categories by proportions of the total behaviors, Tables 22 and 23 were tabulated. The rank of the total of the sub-roles is tabulated in Table 24.

It is not planned to discuss Tables 20, 21, 22, 23, and 24 in detail because of the self-explanatory nature of these summaries. There are a few things, however, which might be pointed out. For both the effective and ineffective behaviors Sub-Role I—Creation of a Therapeutic Climate ranks first. Proportionally, however, this sub-role accounts for more effective than ineffective behaviors. When Sub-Role I is analyzed (Tables 20 and 21) by its finer sub-divisions, Category 1c (providing acceptance and reassurance to the client or its absence in the ineffective) ranks first in both the effective and ineffective aspects of this role. The category proportionally, however, accounts for about twice as many behaviors in the effective group as in the ineffective. The pre-eminent rank of Sub-Role I, representing as it does the judgments of practicing rehabilitation counselors, adds further evidence to that already existing of the great importance of the relationship between the counselor and client in counseling. Perhaps this gives some substance to the assumption that was made earlier in this study that rehabilitation counseling is not separate but shares the distinguishing features of general counseling.

Starting with Rank 2 (Table 24) the effective and ineffective sub-role behaviors are distributed differently. Sub-Role VI—Interacting ranks second among effective behaviors while Sub-Role IV—Evaluating occupies second position among ineffective behaviors. The position of this latter sub-role (IV) varies the most in the rank order scale. It is second rank among total ineffective behaviors but sixth among total effective behaviors. The hypothesis that this difference may be a function of training is considered more thoroughly in the testing of Hypothesis IV (page 71). It might be speculated that when counselors have been effective they tend to take for granted or perhaps not be aware of the effective nature of the evaluation, but that when an ineffective client contact is made the inadequate evaluation may stand out in a more objective way and therefore can be recognized as a cause of ineffectiveness. There is also the possibility that effective evaluation in itself cannot account for

Table 22

RANK OF FIRST TEN EFFECTIVE CATEGORIES
BY PER CENT OF TOTAL BEHAVIORS

		Symbol		
Rank	*Per Cent*	*Sub-Role*	*Category*	*Category Description*
1	13.57	I	1c	Acceptance and reassurance of the client
2	7.60	VI	1	Counselor and client work together
3	7.31	I	1a	Creation and development of counseling relationship
4	6.93	V	2	Counselor gives adequate or effective interpretation of professional opinion or facts (psychological, medical, etc.)
5	6.64	I	2a	Counselor encourages client to tell his story in his own way
6	6.06	I	1b	Counselor develops motivation and encourages self-help in client
7	5.39	VI	5	Counselor advises or directs the client to follow a course of action
8	4.33	II	1b	Counselor intercedes with other agencies or persons for client assistance
9.5	3.66	V	1	Counselor gives adequate information regarding vocations, jobs, rehabilitation and training facilities
9.5	3.66	VI	2	Counselor plans and works co-operatively with other agencies and professional associates

Table 23

RANK OF FIRST TEN INEFFECTIVE CATEGORIES BY PER CENT OF TOTAL BEHAVIORS

		Symbol		
Rank	*Per Cent*	*Sub-Role*	*Category*	*Category Description*
1	7.11	1	1c	Counselor did not provide acceptance of client, rejected client or criticized his behavior
2	6.90	I	1a	Counselor did not create or maintain a counseling relationship; unable to relate to client
3	5.41	I	3	Counselor loses his composure—becomes hostile, defensive, angry
4	5.09	VI	5	Counselor advises or directs client to follow a course of action or to accept a point of view in authoritative or dogmatic manner which seems to disregard client's opinions, needs and interests
5	4.99	IV	5	Counselor does not recognize client readiness for counseling services
6	4.88	III	1	Counselor's findings from others insufficient for need (medical, psychological, job, social and educational histories)
7.5	4.78	II^{2}	4	Counselor allowed insufficient time for contact with client—hurried approach
7.5	4.78	V	2	Inadequate or ineffective interpretation to the client of professional opinion or fact (medical, psychological, etc.)
9	4.67	IV	3	Did not recognize symptoms of behavioral or personality disturbance
10	4.46	IV	4	Premature evaluation and judgment made before facts and information assembled

Table 24

RANK OF EFFECTIVE AND INEFFECTIVE SUB-ROLES BY PER CENT OF TOTAL BEHAVIORS

	Effective		*Ineffective*	
Rank	*Sub-Role*	*Per Cent*	*Sub-Role*	*Per Cent*
1	I	37.05	I	22.56
2	VI	22.62	IV	21.98
3	V	11.26	VI	20.60
4	II^{2}	9.72	III	9.66
5	II^{1}	8.57	II^{2}	9.24
6	IV	5.87	II^{1}	8.33
7	III	4.91	V	6.58

effective counseling. It may be that counselors may regard thorough evaluation as an important element of the rehabilitation counseling process, but do not think of it as critical since a "good" evaluation may not of itself result in client movement. However, in those instances where the evaluative step has been incorrectly made, its lack can readily be associated with failure to help the client or ineffectiveness in counseling.

Sub-Role III—Information Gathering also varies considerably in its rank between last or seventh rank in effective and fourth rank in ineffective behaviors. It is interesting to note that among the total counseling behaviors classified in this category system the smallest proportion of behaviors was classified in the Information Gathering Sub-Role. This sub-role appears to be judged more crucial in the case of ineffective counseling behavior falling in the middle of the sub-role distributions.

The general point might be made here that in the detailed analysis of the distributions (Tables 22 and 23), the first ranking as well as the greatest number of category frequencies are concerned with the importance of the interpersonal relationship in counseling. The more routine, mechanical aspects of counseling appear not to enter in as importantly to the effectiveness or ineffectiveness of the counselor's activities.

The further point might be made that this finding may be in conflict with the heavy emphasis of DVR administration on precise form completion and extensive paper work. It suggests that existing case load patterns and quota systems may be interfering with the counselor's performance of a crucial function—that of establishing and maintaining a counseling relationship.

CORRELATIONS BETWEEN SUB-ROLES

Phi correlations between the 14 (effective and ineffective) sub-roles are presented in Table 25. This table is interpreted by reading the correlations at the intersections of the rows and columns. For example, by reading opposite Sub-Role IA .1486 indicates the correlation with Sub-Role IB. This indicates the extent to which counselors who report behaviors in IA also report behaviors in Sub-Role IB. While this correlation is considered significant at the 1 per cent level, the strength would indicate a slight, negligible relationship.

There are 16 significant correlations at the 5 per cent level and 5 at the 1 per cent and 5 per cent level from a total of 90 correlations. Even though Garrett (24) indicates that Phi correlations tend to run small these correlations are not of a magnitude to suggest that the sub-roles correlate to a significant extent. Although the results reported do not establish relationships between the sub-roles there is no justification at this time to state that they are truly independent.

Further research on these relationships is indicated. It is possible that

Table 25

PHI CORRELATIONS BETWEEN 14 MAJOR SUB-ROLES (N=404)

	IB	*II^{1}A*	*II^{1}B*	*II^{2}A*	*II^{2}B*	*IIIA*	*IIIB*	*IVA*	*IVB*	*VA*	*VB*	*VIA*	*VIB*
IA	.1486**	.1268*	—.0028	—.0328	.0610	.0446	.0146	—.0962	.0448	—.1022*	.0086	—.2924**	—.0072
IB		.0176	—.0316	.0978*	.0228	.0124	—.0268	—.0814	—.1042*	—.1196*	—.1572**	—.0380	—.1796**
II^{1}A			.0660	—.0610	—.0044	—.0252	—.0156	—.0210	—.0282	—.1186*	—.0404	—.0876	.0712
II^{1}B				—.0082	—.0200	.0438	.0554	—.0358	—.0008	.0334	—.0924	—.0224	—.1438**
II^{2}A					.1016*	.0132	.0552	—.0670	—.0446	—.0600	.0496	—.0738	—.0582
II^{2}B						.0663		.0648	.0120	.0096	.0482	—.0876	—.1180*
IIIA							.0272	.0514	.0364	.0054	.0114	—.0196	—.0852
IIIB								.0900	—.0142	—.0394	—.0866	.0368	—.0632
IVA									.0186	—.0124	.0238	—.0368	.0386
IVB										.1052*	—.1052*	—.0352	—.1268*
VA											.0200	—.0914	.0304
VB												—.0476	—.0628
VIA													—.0028

*5 per cent=.0975

**1 per cent=.1282

this lack of relationship may be a function of the small sample of behaviors in that each counselor presented only one effective and one ineffective incident.

TIME INTERVAL BETWEEN OCCURRENCE AND REPORTING OF INCIDENTS

Tables 26 and 27 report the time interval between occurrence and reporting of effective and ineffective incidents. In general the effective incidents tended to be "older" than the ineffective incidents. Counselors Type II and IV (counselor and supervisor other) reported incidents of more recent occurrence than did the Counselor Type I and III (DVR counselor and supervisor). The DVR supervisors reported the oldest incidents. This was particularly true in the reporting of effective incidents where the median was 7 months. This is compared to medians of 3.65 months for DVR counselors; 2.13 months for counselor other; and 2 months for supervisor other as reported on Table 26. The medians of the ineffective incidents are 3.3 months for Type I counselor (DVR); 1.8 months for Type II (other) counselor; 3.4 months for Type III counselor (DVR supervisor); and 1.3 months for Type IV counselor (supervisor other).

The finding on the age of the DVR supervisors' incidents is in keeping with the observations of the investigator at the time of data collection. It was observed that the supervisors recalled incidents with much more difficulty than did counselors. This was not true of the Type IV counselor (supervisor other) whose reaction was more like that of the Type II counselor. The activities of the DVR supervisors generally do not involve the counseling aspects of client contact. For the most part the contacts with the clients are only through the counselor's records. (A number of supervisors chose not to participate in the study for this reason. A few supervisors chose to participate as counselors rather than as supervisors.)

The point might be raised as to whether the older type incidents differed in content from the more recent reports. Truax (53) made an analysis of older incidents in terms of the content and category coverage. He found that the older incidents varied little from the more recent ones by both of these dimensions.

ANALYSIS OF VARIABLES

The control data requested from each subject permitted the analysis of the behavior distributions with regard to a number of variables. The variables chosen for analysis are: (1) counselor type, (2) experience, and (3) training. Because a central concern in the formulation of this study had to do with the training aspects of rehabilitation counseling, the training variable was studied more extensively. Hypotheses were

Table 26

TIME INTERVAL BETWEEN OCCURRENCE AND REPORTING OF EFFECTIVE INCIDENTS

Time Interval	I Counselors DVR Agencies Number	Per Cent	II Counselors Other Agencies Number	Per Cent	III Supervisors DVR Agencies Number	Per Cent	IV Supervisors Other Agencies Number	Per Cent	Total Number	Per Cent
Under 1 month	52	18.00	15	28.85	4	7.69	2	18.18	73	18.07
1 month	33	11.42	3	5.77	8	15.38	3	27.27	47	11.63
2 months	32	11.07	12	23.08	6	11.54	1	9.09	51	12.62
3 months	23	7.96	3	5.77	3	5.77	1	9.09	30	7.43
4 months	10	3.46	2	3.85	3	5.77	1	9.09	16	3.96
5 months	5	1.73	1	1.92					6	1.49
6—8 months	44	15.22	7	13.46	10	19.23			61	15.10
9—12 months	9	3.11	1	1.92	2	3.85	1	9.09	13	3.22
12—24 months	37	12.80	2	3.85	5	9.62	2	18.18	46	11.38
Over 24 months	38	13.15	5	9.61	10	19.23			53	13.12
No data	6	2.08	1	1.92	1	1.92			8	1.98
TOTAL	289	100.00	52	100.00	52	100.00	11	100.00	404	100.00
MEDIAN	3.65 months		2.13 months		7 months		2 months			

Table 27

TIME INTERVAL BETWEEN OCCURRENCE AND REPORTING OF INEFFECTIVE INCIDENTS

Time Interval	I Counselors DVR Agencies Number	I Counselors DVR Agencies Per Cent	II Counselors Other Agencies Number	II Counselors Other Agencies Per Cent	III Supervisors DVR Agencies Number	III Supervisors DVR Agencies Per Cent	IV Supervisors Other Agencies Number	IV Supervisors Other Agencies Per Cent	Total Number	Total Per Cent
Under 1 month	53	18.34	12	23.08	7	13.46	3	27.27	75	18.56
1 month	42	14.53	10	19.23	7	13.46	3	27.27	62	15.35
2 months	27	9.34	9	17.31	6	11.54			42	10.40
3 months	22	7.61	4	7.69	5	9.62	2	18.18	33	8.17
4 months	10	3.46	3	5.77	1	1.92			14	3.47
5 months	10	3.46	1	1.92	3	5.77			14	3.46
6—8 months	29	10.03	4	7.69	4	7.69	2	18.18	39	9.65
9—12 months	16	5.54	1	1.92	1	1.92			18	4.45
12—24 months	38	13.15	4	7.69	6	11.54	1	9.09	49	12.13
Over 24 months	32	11.07	1	1.92	9	17.31			42	10.40
No data	10	3.46	3	5.77	3	5.77			16	3.96
TOTAL	289	100.00	52	100.00	52	100.00	11	100.00	404	100.00
MEDIAN	3.3 months		1.8 months		3.4 months		1.3 months			

formulated to test some differences existing between the reports of trained and untrained counselors.

Counselor Types

Tables 28 and 29 summarize the behaviors as classified in the sub-roles according to counselor type. It was speculated as a reason for analyzing the distribution of behaviors by counselor types that the agency setting as well as the function of supervision versus counseling might constitute differences in the climate in which counseling takes place. Due to the small number of Type IV counselors the behaviors of this group were combined with those of the Type II counselors. This seemed warranted in that they work in the same setting and that few differences appear to exist in their counseling backgrounds.

Sub-Role I holds the rank of 1 for counselor Types I, II, and III for the effective and the ineffective behaviors. The DVR counselors are the exception. For this group the ineffective behavior distribution ranks this sub-role second. The DVR supervisor reports effective behavior falling in Sub-Role I less frequently (even though it ranks 1) than do the other two counselor types.

The greatest rank difference between the Type II counselor and supervisor groups appears to be in the proportion of behaviors classified in the Sub-Role II$^{(1)}$—Structuring: Arranging. The DVR supervisor reports proportionally more effective behaviors in these sub-roles than

Table 28

NUMBER AND PER CENT OF EFFECTIVE BEHAVIORS CLASSIFIED IN 7 SUB-ROLES ACCORDING TO COUNSELOR TYPE

		I DVR Counselor N=289		II* Counselor Other N=63		III DVR Supervisor N=52	
Roles		No.	%	No.	%	No.	%
I	Creation of Therapeutic Climate	295	38.35	49	37.98	41	29.08
II^1	Structuring: Arranging	69	8.98	3	2.33	17	12.05
II^2	Structuring: Defining Limits	75	9.75	9	6.98	17	12.05
III	Information Gathering	40	5.21	4	3.10	7	4.96
IV	Evaluating	39	5.08	12	9.31	10	7.10
V	Information Giving	83	10.79	20	15.50	14	9.93
VI	Interacting	168	21.84	32	24.80	35	24.83
	TOTAL	769	100.00	129	100.00	141	100.00

*Type IV counselor data combined with Type II counselor data

Table 29

NUMBER AND PER CENT OF INEFFECTIVE BEHAVIORS CLASSIFIED IN 7 SUB-ROLES ACCORDING TO COUNSELOR TYPE

	I DVR Counselor N=289		II* Counselor Other N=63		III DVR Supervisor N=52	
Roles	No.	%	No.	%	No.	%
I Creation of Therapeutic Climate	150	21.37	42	30.65	31	30.10
II^{1} Structuring: Arranging	70	9.97	3	2.19	6	5.83
II^{2} Structuring: Defining Limits	72	10.25	6	4.38	9	8.74
III Information Gathering	66	9.40	13	9.49	12	11.65
IV Evaluating	157	22.37	37	27.01	13	12.62
V Information Giving	45	6.41	12	8.76	5	4.85
VI Interacting	142	20.23	24	17.52	27	26.21
TOTAL	702	100.00	137	100.00	103	100.00

*Type IV counselor data combined with Type II counselor data

do either of the counseling groups. This difference is greatest, however, between the Type II counselor and the DVR supervisor.

Inspection of the distribution pattern of sub-role ineffective behaviors according to counselor type (Table 29) shows a different pattern than for the effective behaviors with less similarity between counselor types. The DVR counselor reported behaviors classified in Sub-Role I less frequently than did either of the other two groups. The DVR counselor reported Sub-Role IV—Evaluating most frequently giving it a rank of 1. Among the DVR supervisors, behavior falling in the Sub-Role IV accounts for a smaller percentage of the total behaviors than it does in the two counselor groups. The DVR supervisor appears to report behaviors proportionally more frequently in Sub-Role VI—Interacting than the other two counseling groups and particularly than counselor Type II. Further examination by testing the significance of these differences is indicated before conclusions are warranted.

Experience Groups

The distribution of sub-role behaviors according to experience is tabulated in Tables 30 and 31. Experience for this purpose was considered as years of counseling experience. The Experienced group was defined as those counselors who had more than four years of counseling experience; the Inexperienced group was defined as those counselors who had four years or less of counseling experience.

Table 30

NUMBER AND PER CENT OF EFFECTIVE BEHAVIORS CLASSIFIED IN 7 SUB-ROLES ACCORDING TO EXPERIENCE GROUPS

		N=262 Experienced*		N=139 Inexperienced**	
	Roles	Number	Per Cent	Number	Per Cent
I	Creation of Therapeutic Climate	237	35.69	144	39.77
II^{1}	Structuring: Arranging	56	8.44	33	9.12
II^{2}	Structuring: Defining Limits	68	10.24	28	7.74
III	Information Gathering	35	5.27	16	4.42
IV	Evaluating	42	6.33	20	5.53
V	Information Giving	73	10.99	42	11.60
VI	Interacting	153	23.04	79	21.82
	TOTAL	664	100.00	362	100.00

*Four years or less of counseling experience

**More than four years of counseling experience

Table 31

NUMBER AND PER CENT OF INEFFECTIVE BEHAVIORS CLASSIFIED IN 7 SUB-ROLES ACCORDING TO EXPERIENCE GROUPS

		N=262 Experienced*		N=139 Inexperienced**	
	Roles	Number	Per Cent	Number	Per Cent
I	Creation of Therapeutic Climate	142	24.28	79	22.77
II^{1}	Structuring: Arranging	58	9.92	20	5.76
II^{2}	Structuring: Defining Limits	53	9.06	35	10.09
III	Information Gathering	53	9.06	37	10.66
IV	Evaluating	118	20.17	87	25.07
V	Information Giving	35	5.98	27	7.78
VI	Interacting	126	21.53	62	17.87
	TOTAL	585	100.00	347	100.00

*Four years or less of counseling experience

**More than four years of counseling experience

The distribution pattern of effective behaviors for these two groups was strikingly similar. However, some differences in rank order appeared in the classification of ineffective behaviors. The Inexperienced group reported behaviors which were classified in the Evaluating Sub-Role most often therefore giving it rank 1 in this distribution. Rank 1 of reported behaviors by the Experienced group was in the Sub-Role I—Creation of Therapeutic Climate. This group (Experienced) reported behaviors which gave the Evaluating Sub-Role rank 3.

The greatest range of rank position of the behaviors was in Sub-Role II—Structuring: Arranging. This sub-role ranked fourth in reports of the Experienced group and seventh in reports of the Inexperienced group.

Training

The distribution of total behaviors classified in the sub-roles according to training groups is shown in Table 32 (Effective) and Table 33 (Ineffective). An examination of Table 32 shows that Sub-Role I ranks first in all three groups and accounts for more than one-third of the total behaviors; Sub-Role VI ranks second, accounting for more than 20 per cent of the total behaviors for each of the three groups.

Table 33 shows a somewhat different distribution pattern for the ineffective behaviors in terms of rank order of the sub-roles. The Evaluating Sub-Role is ranked 1 by the Untrained group and ranked 2 and 2.5 by the other two groups. Sub-Role I—Creation of Therapeutic Climate

Table 32

NUMBER AND PER CENT OF EFFECTIVE BEHAVIORS CLASSIFIED IN 7 SUB-ROLES ACCORDING TO TRAINING GROUPS

	Trained N=103		Somewhat Trained N=86		Untrained N=215	
Roles	No.	%	No.	%	No.	%
I Creation of Therapeutic Climate	96	37.80	82	35.96	207	37.16
II^1 Structuring: Arranging	15	5.91	26	11.40	48	8.62
II^2 Structuring: Defining Limits	23	9.05	22	9.65	56	10.05
III Information Gathering	10	3.94	9	3.95	32	5.75
IV Evaluating	23	9.05	17	7.46	21	3.77
V Information Giving	27	10.63	17	7.46	73	13.11
VI Interacting	60	23.62	55	24.12	120	21.54
TOTAL	254	100.00	228	100.00	557	100.00

Table 33

NUMBER AND PER CENT OF INEFFECTIVE BEHAVIORS CLASSIFIED IN 7 SUB-ROLES ACCORDING TO TRAINING GROUPS

Roles	Trained N=103 No.	Trained N=103 %	Somewhat Trained N=86 No.	Somewhat Trained N=86 %	Untrained N=215 No.	Untrained N=215 %
I Creation of Therapeutic Climate	64	25.81	53	27.75	105	20.87
II¹ Structuring: Arranging	13	5.24	12	6.28	54	10.74
II² Structuring: Defining Limits	24	9.68	15	7.85	48	9.54
III Information Gathering	22	8.87	17	8.90	52	10.34
IV Evaluating	56	22.58	41	21.47	110	21.87
V Information Giving	23	9.27	12	6.28	27	5.37
VI Interacting	48	18.55	41	21.47	107	21.27
TOTAL	248	100.00	191	100.00	503	100.00

receives a rank of 1 by the Trained and Somewhat Trained groups. A difference in terms of percentage between the Trained and Untrained groups seems to appear in the frequency of behaviors reported in Sub-Role II¹—Structuring: Arranging. The Untrained group cites this type of behavior twice as frequently as the Trained group to account for ineffectiveness in counseling. Again, in order to account for some of these differences, it would be necessary to study these sub-roles in terms of their significance in the finer categories. This will be done for some of the differences in the testing of the hypotheses.

Tables 34 and 35 summarize the behavioral data as distributed in the total category system according to the per cent of counselors reporting behaviors in each category. It is interesting to note that the three training groups differed in the average number of behaviors reported per counselor as follows:

	Effective	*Ineffective*
Trained	3.0 behaviors	3.0 behaviors
Somewhat Trained	2.2 behaviors	2.0 behaviors
Untrained	2.1 behaviors	2.4 behaviors

This could be explained by the fact that the task of reporting behavior data of this type was one for which the Trained group was better prepared in terms of knowledge of the vocabulary of the counseling process. The tabulations found in Tables 34 and 35 were used as a basis for testing the hypotheses to follow.

Table 34
PER CENT OF COUNSELORS BY TRAINING GROUPS REPORTING EFFECTIVE BEHAVIORS IN TOTAL CATEGORY SYSTEM

	Trained N=103		Somewhat Trained N=86		Untrained N=215	
	No.	%	No.	%	No.	%
Sub-Role I—Creation of Therapeutic Climate						
1 Counselor supports the client						
a Creation and development of counseling relationship	17	16.50	17	19.77	42	18.95
b Developing motivation—encourages self-help and action	12	11.65	16	18.60	35	15.79
c Acceptance and reassurance of client	38	26.89	31	36.05	72	32.49
2 Counselor listens to client						
a Encourages client to tell his story in own way	20	19.42	9	10.46	40	18.05
b Counselor talks little—especially at first	4	3.88	3	3.49	5	2.26
3 Counselor is composed, calm (even in face of hostility)	5	4.85	6	6.98	13	5.87
Sub-Role II(1)—Structuring: Arranging						
1 Counselor arranges for or with the client						
a For other appointments or referrals	3	2.91	4	4.65	15	6.77
b Intercedes for client with agencies or persons	9	8.74	14	16.28	22	9.93
2 Controls setting or conditions for client contact						
a Arranges setting, time and conditions	3	2.91	5	5.81	7	3.16
b Arranges to see client alone if needed			3	3.49	3	1.35
c Arranges for face-to-face contact					1	.45
Sub-Role II(2)—Structuring: Defining Limits						
1 Defines goals of counseling for client and significant others	6	5.83	4	4.65	13	5.87
2 Counselor delineates his responsibility in relationship	2	1.94	3	3.49	7	3.16
3 Counselor delineates client's responsibility	6	5.83	7	8.14	21	9.48
4 Sufficient time allowed—unhurried approach	9	8.74	8	9.30	15	6.77

Table 34 (continued)

	Trained N=103		Somewhat Trained N=86		Untrained N=215	
	No.	%	No.	%	No.	%
Sub-Role III—Information Gathering						
1 Findings from others sufficient (medical, psychological histories)	3	2.91	6	6.98	15	6.77
2 Findings from client (personal data, self-observations) sufficient	2	1.94	1	1.16	8	3.61
3 Method of questioning appropriate and productive	5	4.85	2	2.32	9	4.06
Sub-Role IV—Evaluating						
1 Used data available accurately and thoroughly	7	6.80	9	10.46	4	1.80
2 Formed independent judgment (not pressured, influenced)	3	2.91	1	1.16	1	.45
3 Recognizes signs of behavioral disturbance	4	3.88	1	1.16	5	2.26
4 Evaluation arrived at after facts assembled	3	2.91	3	3.49	1	.45
5 Recognizes client readiness for services	6	5.83	3	3.49	10	4.51
Sub-Role V—Information Giving						
1 Gives adequate information regarding vocations, jobs, rehabilitation facilities	13	12.62	6	6.98	19	8.57
2 Adequate or effective interpretation of professional opinion or facts (psychological, medical, etc.)	14	13.59	11	12.79	47	21.21
3 Use of simple, non-technical language					7	3.16
Sub-Role VI—Interacting (participating, advising, directing)						
1 Counselor-client work together	27	26.21	16	18.60	36	16.24
2 Counselor plans and works co-operatively with other agencies and professional associates	7	6.80	12	13.95	19	8.57
3 Counselor plans with client and significant others	7	6.80	9	10.46	21	9.48
4 Counselor creates learning situation for client to develop insight, knowledge or a skill	10	9.71	3	3.49	12	5.41
5 Counselor advises or directs client	9	8.74	15	17.44	32	14.44

Table 35

PER CENT OF COUNSELORS BY TRAINING GROUPS REPORTING INEFFECTIVE BEHAVIORS IN TOTAL CATEGORY SYSTEM

	Trained N=103		Somewhat Trained N=86		Untrained N=215	
	No.	%	No.	%	No.	%
Sub-Role I—Creation of Therapeutic Climate						
1 Counselor failed to support the client						
a Did not create or maintain a counseling relationship	21	20.39	15	17.44	29	13.08
b Did not develop motivation or encourage self-help and action	3	2.91	1	1.16	12	5.41
c Rejected client; did not provide acceptance	18	17.48	18	20.93	31	13.99
2 Counselor did not listen to client						
a Did not permit client to tell his story in his own way	5	4.85	2	2.32	6	2.71
b Counselor talked too much—especially at first	2	1.94	5	5.81	3	1.35
3 Counselor loses his composure—becomes angry, defensive	15	14.56	12	13.95	24	10.83
Sub-Role II(1) Structuring: Arranging						
1 Counselor does not arrange for or with the client						
a For other appointments or referrals	2	1.94				
b For assistance from other agencies or persons					5	2.26
2 Counselor does not control setting or conditions for client contact						
a Saw client in an inappropriate setting, inappropriate time and conditions	5	4.85	7	8.14	26	11.73
b Saw client with other person or persons present who interfered with relationship	4	3.88	4	4.65	15	6.77

Table 35 (continued)

	Trained N = 103		Somewhat Trained N = 86		Untrained N = 215	
	No.	%	No.	%	No.	%
Sub-Role II(1) Structuring: Arranging						
c Face-to-face contact not made (uses telephone, letter or other person)	2	1.94	1	1.16	8	3.61
Sub-Role II(2)—Structuring: Defining Limits						
1 Does not define goals of counseling for client and significant others	4	3.88	6	6.98	10	4.51
2 Counselor does not delineate his responsibility in relationship	4	3.88	1	1.16	6	2.71
3 Counselor does not delineate client's responsibility in relationship	2	1.94	3	3.49	6	2.71
4 Insufficient time allowed --hurried approach	14	13.59	5	5.81	26	11.73
Sub-Role III—Information Gathering						
1 Findings from others insufficient (medical, psychological histories)	11	10.68	9	10.47	26	11.73
2 Findings from client insufficient (few client observations about self)	8	7.77	3	3.55	19	8.57
3 Method of questioning inappropriate and unproductive	3	2.91	5	5.81	7	3.16
Sub-Role IV—Evaluating						
1 Did not use data available accurately or thoroughly	10	9.71	9	10.47	15	6.77
2 Did not form an independent judgment (influenced, pressured by others)	8	7.77	5	5.81	27	12.18
3 Did not recognize symptoms of behavioral or personality disturbances	8	7.77	10	11.63	26	11.73
4 Premature evaluation made before facts assembled	10	9.71	9	10.47	23	10.38
5 Does not recognize client readiness for counseling services	20	19.42	8	9.30	19	8.57

Table 35 (continued)

	Trained N=103		Somewhat Trained N=86		Untrained N=215	
	No.	%	No.	%	No.	%
Sub-Role V—Information Giving						
1 Does not give adequate information regarding vocations, jobs, rehabilitation facilities	5	4.85			5	2.26
2 Inadequate or ineffective interpretation of professional opinion or facts (medical or psychological, etc.)	18	17.48	10	11.63	17	7.67
3 Uses technical, complex language (talked "over-the-head" of client)			2	2.32	5	2.26
Sub-Role VI—Interacting (participating, advising, directing)						
1 Counselor-client do not work together (one controls interview)	7	6.80	5	5.81	18	8.12
2 Counselor does not include or work co-operatively with other agencies or professional associates	3	2.91	4	4.65	20	9.02
3 Counselor does not plan with client and significant others or help to resolve their problems	2	1.94	10	11.63	15	6.77
4 Counselor does not create learning situations to help client develop insight, knowledge or skill	6	5.83	2	2.32	3	1.35
5 Counselor advises or directs client authoritatively	15	14.56	9	10.47	24	10.83
5^1 Counselor unable to convince client of a point of view (advice and direction rejected by client)	3	2.91	7	8.14	9	4.06
5^2 Counselor gives inappropriate advice or couldn't come up with "answer"	6	5.83	3	3.55	13	5.87
6 Counselor performs or acts where not involved or trained	4	3.88	1	1.16	5	2.26

Chapter VI

THE TESTING OF THE HYPOTHESES

The procedure used in formulating the hypotheses was presented in the last chapter. This will not be repeated here. Table 36 summarizes the statistical analysis undertaken to test the hypotheses. The significance of the difference between percentages according to Garrett (24 pp. 235-36) was used for these tests. The hypotheses are stated in the null form for testing. In terms of direction, however, it is predicted that the Trained counselors will report behaviors in the categories tested in Hypotheses I through VI more frequently than will the Untrained counselors. In Hypothesis VII it is predicted that the Untrained counselors will report this behavior as effective more frequently than the Trained counselors. The Trained will report this behavior as ineffective more frequently than will the Untrained.

The hypotheses with the results of the testing follow.

Hypothesis I

A There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *effective* behaviors in Sub-Role I—Creation of Therapeutic Climate, Category 1a—Creates, develops and maintains a counseling relationship. The null hypothesis was accepted.

B There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *ineffective* behaviors in Sub-Role I—Creation of Therapeutic Climate, Category 1a—Did not create or develop a counseling relationship; unable to relate to the client. The null hypothesis was rejected.

Hypothesis II

A There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *effective* behaviors in Sub-Role I—Creation of Therapeutic Climate, Category 1c—Provides acceptance and reassurance of the client; is interested and shows confidence in the client as a person. The null hypothesis was accepted.

B There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *ineffective* behaviors in Sub-Role I—Creation of Therapeutic Climate, Category 1c—Did not provide acceptance and reassurance of the client; rejected client or criticized his behavior. The null hypothesis was accepted.

Table 36

TESTS OF HYPOTHESES: ANALYSIS OF THE DIFFERENCE BETWEEN PERCENTAGES OF BEHAVIORS REPORTED BY TRAINED AND UNTRAINED COUNSELORS[7]

Hypothesis	Sub-Role	Category	N=103 Trained No.	N=103 Trained %	N=215 Untrained No.	N=215 Untrained %	D	Sigma p1-p2	C. R.
IA	I	1a	17	16.50	42	18.95	—2.45	4.63	— .530
B	I	1a	21	20.39	29	13.08	7.31	4.34	1.69*
IIA	I	1c	38	26.89	72	32.49	—5.60	5.53	—1.01
B	I	1c	18	17.48	31	13.99	3.49	4.30	.81
IIIA	II[2]	4	9	8.74	15	6.77	1.97	3.14	.63
B	II[2]	4	14	13.59	26	11.73	1.86	3.95	.47
IVA	IV	5	6	5.83	10	4.51	1.32	2.60	.50
B	IV	5	20	19.42	19	8.57	10.85	3.91	2.77**
VA	V	2	14	13.59	47	21.21	—7.62	4.68	1.63
B	V	2	18	17.48	17	7.67	9.81	3.73	2.63**
VIA	VI	1	27	26.21	36	16.24	9.97	4.75	2.10*
B	VI	1	7	6.80	18	8.12	—1.32	3.20	.41
VIIA	VI	5	9	8.74	15	17.44	—8.70	4.24	2.05*
B	VI	5	15	14.56	24	10.83	3.73	3.90	.96

*Significant at the 5 per cent level using the one-tailed test

**Significant at the 5 per cent level using the one-tailed test

[7] Each hypothesis will be stated and tested for the Effective Behaviors (A) and for the Ineffective Behaviors (B)

Hypothesis III

A There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *effective* behaviors in Sub-Role II(2)—Structuring: Defining Limits, Category 4—Sufficient time is allowed for counselor contact with client—unhurried approach. The null hypothesis was accepted.

B There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *ineffective* behaviors in Sub-Role II(2)—Structuring: Defining Limits, Category 4—Insufficient time is allowed for counselor contact with client—hurried approach. The null hypothesis was accepted.

Hypothesis IV

A There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *effective* behaviors in Sub-Role IV—Evaluating, Category 5—Counselor recognizes client-readiness for counseling services. The null hypothesis was accepted.

B There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *ineffective* behaviors in Sub-Role IV—Evaluating, Category 5—Counselor does not recognize client-readiness for counseling services. The null hypothesis was rejected.

Hypothesis V

A There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *effective* behaviors in Sub-Role V—Information Giving, Category 2—Counselor gives an effective interpretation to the client of professional opinion or facts arrived at by counselor or other professional associates (medical and psychological information). The null hypothesis was rejected.

B There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *ineffective* behaviors in Sub-Role V—Information Giving, Category 2—Counselor gives an ineffective interpretation to the client of professional opinion or facts arrived at by counselor or other professional associates (medical and psychological information). The null hypothesis was rejected.

Hypothesis VI

A There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *effective* behaviors in Sub-Role VI, Category 1—Counselor and client work together with neither dominating or controlling the client's problems and plans. Client's needs, interests and wishes are regarded. The null hypothesis was rejected.

B There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *ineffective* behaviors in Sub-Role VI, Category 1—Counselor and client do not work together on client's problems or plans. One or the other controls the interview. The null hypothesis was accepted.

Hypothesis VII

A There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *effective* behaviors classified in Sub-Role VI, Category 5—Counselor advises or directs the client to follow a course of action or to accept a point of view (usually that of the counselor and which he believes is in the client's best interest—little client participation). The null hypothesis was rejected.

B There will be no significant difference between the percentages of Trained and Untrained counselors in reporting *ineffective* behaviors classified in Sub-Role VI, Category 5—The counselor advises or directs the client to follow a course of action or to accept a point of view in a dogmatic and authoritative manner which seems to disregard client's needs, opinions and interests. The null hypothesis was accepted.

Summary of Significant Results

There were 14 null hypotheses tested. Nine were accepted and five were rejected, three at the 5 per cent level of confidence and two at the 5 per cent and 1 per cent level.

Significant results are summarized as follows:

1. The Trained counselors reported more frequently than the Untrained counselors that the inability to establish or develop a counseling relationship was responsible for ineffective counseling.
2. The Trained counselors reported more frequently than the Untrained counselors that failure to recognize the client's readiness for counseling services was responsible for ineffective counseling.
3. The Trained counselors reported more frequently than the Untrained counselors that giving the client an ineffective interpretation of professional opinion or facts arrived at by the counselor or professional associates (i.e., medical or psychological) was responsible for ineffective counseling.
4. The Trained counselors reported more frequently than the Untrained that the counselor and client working together on the client's problems with neither dominating or controlling and with the client's needs, interests and wishes regarded was responsible for effective counseling.
5. The Untrained counselors reported more frequently than the Trained that advising or directing the client to follow a course of action or to accept a point of view (usually the counselor's) with little client participation was responsible for effective counseling.

Three of the significant results appeared in the reports of ineffective behaviors. It appears reasonable to propose the possibility that the Trained counselors tended to be more sensitive and alert to their errors or the ineffective aspects of their counseling behavior and were better able to report these behaviors than the Untrained counselors.

Chapter VII

THE SUMMARY OF THE INVESTIGATION

Statement of the Problem

The purpose of this study was the investigation of the counseling process in rehabilitation as practiced by counselors employed in various rehabilitation settings or agencies. This study applied the Critical Incident technique to the work of the rehabilitation counselor. From analysis of the data collected by this procedure an effort was made to provide some basic data to (1) determine the critical job requirements of counseling in rehabilitation settings; (2) formulate more precisely the training needs of rehabilitation counselors; and (3) examine differences that academic preparation made in terms of what counselors judge to be critical in counseling situations.

It was believed that more definite research was needed on the nature of rehabilitation counseling to aid in the *selection, evaluation,* and *preparation* of the rehabilitation counselor. It was the goal of this study to provide basic data for these purposes.

Research Methods and Procedures

SAMPLE—The sample consisted of a total of 404 participants; 341 counselors and 63 supervisors. The major group of participants was counselors and supervisors from DVR agencies in 20 states selected to give a broad sampling of the counseling activities of this agency in the United States. It also included a small sample of counselors and supervisors in the V.A. and from private rehabilitation agencies and facilities.

INSTRUMENT AND METHODS—A questionnaire type of instrument called the Research Booklet was used in gathering the data. Each participant was asked for one effective and one ineffective incident from his counseling or supervisory experience. In addition, some personal data were requested. The data were gathered in small group settings followed by individual interviews. The Research Booklet and method were tested by a pilot tryout in a DVR district office.

The general aim of rehabilitation counseling was formulated from statements requested of authorities in the field and was used in the study as a criterion by which participants could identify and measure their counseling behavior. The aim was stated as follows: "To help the disabled person through the client-counselor relationship to make the best use of his personal and environmental resources in order to achieve the optimal occupational adjustment—this being an integral part of the individual's adjustment in all areas of his life."

COLLECTING THE DATA—The data were collected over a period of nine months through scheduled visits to the district offices by the investigator. The data were gathered in small group settings of 7 to 10 counselors and supervisors. The nature of the project was discussed in a group meeting. At this time directions and explanations were given and questions from the group were encouraged. Motivating the participants and reassuring them as to the confidentiality of the material given were important to the completion of the task. The Research Booklets were completed by each participant and this step was followed by the individual interviews.

PROCESSING THE DATA—The processing of the data involved abstracting from each incident the behaviors which had been judged by the counselor or supervisor to be especially effective or ineffective. Rules for abstracting these behaviors were formulated. A check on the investigator's agreement with a second analyst was made on a selected sample of incidents. The per cent of agreement was sufficiently high to warrant accepting the reliability of the abstracting process.

CLASSIFICATION SYSTEM—A classification system was developed in order to group together the similar behaviors. Choice of a system involved a regard for the frame of reference in which the data was being considered and the use to be made of the result. It was decided that the basic considerations to be followed in the formulating of categories would be:

1. The system should have a psychological base or frame of reference.
2. The system should be potentially useful in the training of rehabilitation counselors.
3. The system should be related to research in other counseling areas. (The assumption is made that rehabilitation counseling is a part of the general field of counseling.)

The final system consisted of seven major divisions called *Sub-Roles* and 65 sub-divisions called *Categories*. In prepartion for submitting this system to judges for rating, a manual (Appendix F) was developed which described this Sub-Role and Category system. The manual included examples of behaviors for each sub-role and category as well as directions and procedures for rating the behaviors.

The behaviors were rated by ten non-expert judges and two expert judges. The non-expert judges were ten rehabilitation counseling graduate students; the expert judges were an experienced counseling psychologist and the investigator. Agreement was established between the non-expert judges and the investigator and between the second expert judge and the investigator.

The behaviors were placed in the sub-role and category system on the basis of the agreement by these judges. A pooled rating arrived at through the discussions of the expert judges was used on those behaviors that did not meet this criteria. This data and the identifying information was coded and prepared for IBM processing.

Results

Characteristics of the Sample—The sample of 404 counselors and supervisors made up of 289 DVR counselors; 52 DVR supervisors; 52 counselors and 11 supervisors from other rehabilitation agencies included an estimated 11.5 per cent of the total population of rehabilitation counselors.

AGES—The median age of DVR counselors was 42 years and 41 years for counselors from other agencies. Supervisors tended to be older than counselors; the median age of DVR supervisors was 47 years and other supervisors was 44 years.

SEX—Men outnumbered women seven to one in rehabilitation counseling.

MARITAL STATUS—The largest proportion of this group was married.

SALARIES—Salaries of counselors and supervisors from other agencies are consistently higher than salaries of DVR personnel. The mode of DVR counselors was the interval $400-$499; of DVR supervisors $500-$599; of counselors and supervisors from other agencies over $600.

PROFESSIONAL AFFILIATIONS—The major affiliation of DVR personnel was the National Rehabilitation Association. This was in contrast to those from other agencies where the affiliation most frequently reported was the American Psychological Association and/or the American Personnel and Guidance Association.

EDUCATIONAL BACKGROUND—The bachelor's degree was the highest degree achieved by 51 per cent of DVR counselors and 56 per cent of DVR supervisors; the master's degree was reported by 44 per cent of DVR counselors and 42 per cent of DVR supervisors. Only one doctorate was reported by DVR personnel.

The master's degree was reported by 54 per cent of counselors and 45 per cent of supervisors from other agencies. Thirty-three per cent of the counselors and 36 per cent of the supervisors from this group reported the doctorate.

COUNSELING EXPERIENCE—The four types of counselor most frequently report 10 to 15 years of counselor experience, although counselors from other agencies tend to have more counseling experience than do DVR counselors. A larger proportion of supervisors tend to have experience at this 10- to 15-year level than do counselors.

YEARS IN PRESENT JOB—The years of experience in the present job presented a bi-modal pattern with the modes at the intervals of six years and above and three years and below. This finding indicated that there tended to be a concentration of experienced counselors and of inexperienced counselors with a lack of counselors between these extremes.

Analysis of Total Distribution

A detailed study was made of the frequency distributions in order to determine the relative proportions of behaviors in each subdivision of the category system. The total number of behaviors both effective and ineffective was 1,981—1,039 effective behaviors for an average of 2.57 behaviors per counselor and 942 ineffective behaviors averaging 2.33 behaviors per counselor. The proportion of effective to ineffective behaviors was more evenly balanced than in other C.I. studies cited. This was attributed to careful attention to motivation and reassurance of respondents.

The category frequencies were totaled and the per cent in each category was figured on the basis of total behaviors reported. Effective and ineffective behaviors were tabulated separately. The sub-roles were then ranked according to these totals.

For both effective and ineffective behaviors Sub-Role I—Creation of Therapeutic Climate ranked first in terms of numbers of behaviors reported.

The Interacting Sub-Role (VI) ranked second among effective behaviors while Sub-Role IV—Evaluating occupied second position among ineffective behaviors.

Phi correlations between the 14 (effective and ineffective) sub-roles were computed. Although the correlations did not suggest that the sub-roles correlate to a significant extent there is no justification at this time (possibly attributed to small sample of behaviors from each counselor) to state that they were truly independent. Further research on these relationships is indicated.

Analysis of Variables

The variables chosen for analysis are (1) counselor type, (2) experience, and (3) training. Due to the central concern in the formulation of the study with the training aspects of rehabilitation counseling, the training variable was studied more extensively. Hypotheses were formulated to test some differences existing between the reports of trained and untrained counselors.

It was speculated that the agency setting as well as the function of supervision versus counseling might constitute differences in the climate in which counseling takes place. While some differences appear to exist between the counselor types they are not conclusive. Further study and statistical analysis of the differences are indicated before conclusions can be drawn.

Experience for purposes of this study was considered as years of counseling experience. The Experienced group was defined as those counselors who had more than four years of counseling experience (N = 262) and the Inexperienced group as those with four years or less of counseling experience (N = 139). The distributions of these two groups were strikingly similar. A few differences existed in the rank order positions but further detailed examination and testing of differences is indicated before conclusions can be drawn.

Training was defined as the (1) highest degree level attained and (2) major area of study. Three groups were drawn from this population: (1) *Trained:* Those with a doctorate or a master's degree in counseling and guidance, psychology, social work, or rehabilitation counseling (N = 103); (2) *Somewhat Trained:* Those with a master's in sociology, anthropology, education, school administration and personnel (N = 86); (3) *Untrained:* Those with no degree, a bachelor's degree in any area or a master's degree in commerce, humanities or social science (N = 215). The two extreme groups, Group 1 (Trained) and Group 3 (Untrained), were used to test the hypotheses.

Analysis of the total distribution of behaviors for both the Trained and Untrained group indicated that both groups reported as the most critical the personal relationship between client and counselor. However, they appeared to differ on what was of next order importance; the Trained tended to emphasize the Evaluative type behavior and the Untrained tended to emphasize what the counselor *did for* or *gave to* the client as being of greater importance. These general trends need further study and analysis.

Hypotheses were formulated as the result of the combined thinking of three persons—two directors of rehabilitation counselor training programs and the investigator. These formulations were based on the judgments of these persons as to differences that would exist between the behavior reports of a trained and untrained person as classified into the category system of this study.

Fourteen null hypotheses were tested by use of the significance of the difference between percentages; nine were accepted and five were rejected, three at the 5 per cent level of confidence and two at the 5 and 1 per cent levels. The results showed that training made some significant differences in reports of the two groups. In reporting what was responsible for their ineffective counseling, the Trained were significantly more concerned than the Untrained with (1) the inability to establish or develop a counseling relationship; (2) the failure to recognize the client's readiness for counseling services, and (3) giving the client an ineffective interpretation of professional opinion or facts arrived at by the counselor or professional associates (i.e., psychological or medical). The Trained reported significantly more than the Untrained that working together with the client on his problems with neither dominating or controlling was responsible for effective counseling. The Untrained counselor on the other hand reported more frequently that advising or directing the client to follow a course of action or to accept a point of view (usually the counselor's) with little client participation was responsible for their effective counseling.

Chapter VIII

CONCLUSIONS AND DISCUSSION

The following conclusions seem warranted from the data presented in this study.

Conclusions Regarding Critical Incident Technique

1. Role playing is an effective method of clarifying reports of behavioral data in C.I. studies.
2. Reports of ineffective incidents can be gathered in about the same numbers or proportions as effective incidents with careful individual attention given to the motivation and reassurance of the participant.

Conclusions Based on Findings of the Study

1. The counseling process in rehabilitation settings can be reliably studied by the use of the C.I. technique.
2. The category system based on the concept of sub-roles which counselors play in their counseling activities is adaptable to the classification of a wide range of counseling behaviors as gathered through critical incidents.
3. From the point of view of the rehabilitation counselor the key sub-roles or critical requirements in performing the counseling function of his job are in the following areas:
    a. The creation of a therapeutic climate in which the counselor is calm and composed, listens to the client, provides motivation and acceptance in a nonpunitive atmosphere where the client feels understood and safe to explore his problems and plans.
    b. The interaction between counselor and client which involves working together as a team, collaborating in a mutually shared counseling experience with neither dominating or controlling, trying to arrive at some solution to the problem at hand.
    c. The evaluation of the client's problems by getting a clear and thorough picture through drawing out the client's ideas as well as through observation of the physical, social and psychological condition of the client and relating the influence of these factors on the vocational potential of the client.
    d. The giving of information and factual data to the client which offers authoritative explanations in the nature of professional knowledge but with no immediate pressure for action, thereby permitting the client to decide his own course of action.
    e. The definition of the limits within which counseling takes place in terms of time, the nature of counseling, and the responsibilities of both counselor and client.

   f. The gathering of information about the client from himself and others who have evaluated or worked with him so that there will be a comprehensive understanding of the client and his present situation.
   g. The arrangements made for the client in an administrative manner including appointments, referrals, and plans for future contacts.
4. The types of behavior reported by trained counselors tend to differ from those reported by untrained counselors in the areas and manner which people responsible for rehabilitation counselor preparation would predict. This suggests that counselors can be prepared by graduate study to be more concerned and sensitive to the importance of the critical requirements of their work.
5. The amount of experience appears to be of limited importance so far as the types of effective or ineffective behaviors reported by rehabilitation counselors.

Limitations of the Study and Further Research Indicated

The conclusions of this study are subject to several limitations.

1. The question as to the appropriateness of and the justification for accepting the counselor's and supervisor's judgments of the effectiveness or ineffectiveness in rehabilitation counseling has been discussed earlier in this study. For purposes of this study these judgments were accepted as appropriate and relevant. It is suggested, however, that judgments from other sources might contribute to a more comprehensive or global understanding of the rehabilitation counseling process. Two suggested sources are stated below.
   a. The client's perceptions as to what constitutes effectiveness or ineffectiveness in his contacts with the counselor would seem to be a potentially rich source of data. This appears to be particularly true when we consider the importance of the therapeutic climate in counseling as indicated by this study. The development and maintenance of this climate rests heavily on what happens in the counselor-client relationship. Data from the client in terms of his perceptions and his experiencing of this relationship might contribute a great deal in furthering an understanding of the counseling process. Incidents gained from the client might be expected to be more concerned with the personality and the manner of the counselor which are critical to the client.
   b. The experiences and perceptions of the other members of the rehabilitation team in terms of their judgments of effective or ineffective counselor behavior might prove of value. Data of this type might help to clarify the function of the counselor as an interacting member of the group. This data might also give further knowledge about those personal characteristics of the counselor that appear critical to his professional associates.
2. The sample of behaviors from each respondent was limited to one effective and one ineffective incident of counseling. It is suggested that this limits the possibility for testing the category system in terms of the independence of the sub-role and category structure. It would appear that this testing of independence would be an essential next step in

order to refine the system for use in the evaluation of counseling effectiveness or ineffectiveness.

3. The sample of counselors and supervisors is heavily weighted with DVR personnel. It is suggested that a larger sample of counselors from other agencies be secured in order to study more fully the influence of the agency setting on counseling behavior.
4. The data presented in this study warrant more statistical analysis than was possible here. It is suggested that a breakdown of the frequency data be made on the 65 categories using experience and counselor types as variables. In addition further examination of the influence of training is indicated by examining other differences in category frequencies than those tested by the hypotheses of this study.
5. The incidents contributed to this study were given without regard to the stage of counseling in which the incident occurred (i.e., initial interview, middle phase, termination interview, etc.). It is possible that the type of problems presented by the client at different periods in the counseling process might affect the behavioral reports of the counselor. In order to check the influence this might have on the category frequencies, it would be necessary to gather incidents at specified interview stages.
6. The individual personality of the counselor is undoubtedly an important variable in rehabilitation. What influence this variable may have had on the incidents selected by the respondents is not known. It would appear, however, that an attempt could be made to explore some aspects of counselor personality and its relationship to counseling effectiveness.

Implications for Rehabilitation Counseling

It was found from this investigation that the creation of a therapeutic climate is of considerable importance to rehabilitation counselors in assisting the client to direct his energies toward self-help. The interpersonal relationship between client and counselor has been considered critical to client movement. To give adequate attention to this activity the counselor needs to have time to securely establish this type of counselor-client relationship. This finding appears to be in conflict with the large case loads and the emphasis of the OVR agency on numbers of rehabilitants. It would further indicate conflict with the heavy stress on form completion and extensive paper work. The processing of the client through predetermined stages of rehabilitation seems to be at variance with an individualized client approach.

It is suggested that the implications of the critical requirements might be profitably considered by those responsible for the administration, supervision and preparation of rehabilitation counselors. Some suggestions follow.

1. More basic consideration should be given to the client-counselor relationship as a crucial function in rehabilitation counseling.
2. Emphasis might well be focused on the importance of the counselor and

client working together on the client's problems. The client's needs, wishes, and interests are regarded. This approach to the client's problems would appear to minimize ready-made and stereotyped advice-giving by the counselor.

3. The interpretation of professional opinion and facts appears to be especially critical in rehabilitation counseling. The skills involved in this sub-role could well be a focus for increased consideration as an integral part of the whole counseling process.
4. The counselor's ability to evaluate the client in terms of his individual readiness for rehabilitation services is a critical aspect of counseling. This necessitates a concern for the unique differences of each client, moving the counseling process at the client's pace and not according to outside criteria of what constitutes progress.
5. The skills and attitudes referred to above are based on psychological knowledge and understanding of human personality and motivation. An orientation of this type should provide the framework for the training of the rehabilitation counselor.

Appendix A

FORM USED TO SECURE STATEMENTS OF AIMS AND PURPOSES OF REHABILITATION COUNSELING

1. What would you say is the primary purpose of Rehabilitation Counseling?

2. In a few words, how would you summarize the general aim of Rehabilitation Counseling?

Signed ....

Position ....

Appendix B

PRELIMINARY MEMO TO REHABILITATION COUNSELORS AND SUPERVISORS REGARDING PARTICIPATION IN THE RESEARCH PROJECT

MEMO

TO: Rehabilitation Counselors and Supervisors

FROM: Marceline Jaques, Rehabilitation Counselor Training Program
College of Education
State University of Iowa

SUBJECT: Your participation in a research project on what constitutes EFFECTIVE and INEFFECTIVE REHABILITATION COUNSELING

We are doing a research study to help us learn more about what makes the difference between effective and ineffective rehabilitation counseling. We are appreciative of your participation in this project as we realize that this will take time away from your regular activities. It is important though that we get this information from counselors and supervisors themselves—those who know most about the day-to-day incidents which make up rehabilitation counseling.

As a participant, we are asking you to recall two recent incidents or situations from your own counseling experience with disabled people. The types of situations which will make up these data for the study are:

Type I —An ESPECIALLY EFFECTIVE INCIDENT of Counseling
A situation which gives you a good feeling of professional satisfaction and pride knowing that you did a good job.

Type II—An ESPECIALLY INEFFECTIVE INCIDENT of Counseling
A situation which you recognize yourself as ineffectual, and if you could do it again, you would want to do it differently.

The plan for collecting these data is to meet with counselors and supervisors in small groups for the purpose of writing the incidents in booklets which will be provided. (This should take around an hour of your time.) It will be possible to ask questions about any points not clear to you. Then I will meet individually with each counselor for 15 to 30 minutes in order to make sure that I understand thoroughly the incidents you contribute.

It will be helpful if you can give some thought to this task before we get together. In research of this type, it is very important to get an ACCURATE, DETAILED, and EXACT account of the incident itself and of what you DID in this situation. This incident should be from your own counseling experience and in both cases should be the MOST RECENT such incident you recall. It may be a completed case or one that you are now working with—it should not be a report of the whole case but only an outstandingly EFFECTIVE and INEFFECTIVE INCIDENT from your counseling contacts, keeping in mind that these incidents will include:

WHAT the specific CIRCUMSTANCES were

WHAT the counselor and the client or others said or DID

WHAT was ESPECIALLY EFFECTIVE or INEFFECTIVE in the incident

WHY this was EFFECTIVE or INEFFECTIVE

We are interested only in the incident or the situation, not in who you are or who the client is. Your contributions will not be signed by name and they will be treated with the strictest confidence. Approximately 250 to 300 counselors will be contributing to this study from many states and there will be no way of identifying your paper individually. Your incidents will be analyzed as a part of the total group—there will be no state-to-state comparisons made. It will not be possible to give you examples since we want your own judgments as to what constitutes these incidents.

We are very grateful for your assistance in this study and I shall look forward as principal investigator to meeting with you in a short time. You may be interested to know that this research has been reviewed and approved for financial support by the OFFICE of VOCATIONAL REHABILITATION.

Appendix C

DAILY TIME SCHEDULE FOR RESEARCH PROJECT

MEMO

TO: Rehabilitation Counselors and Supervisors

FROM: Marceline Jaques, Rehabilitation Counselor Training Program
College of Education
State University of Iowa

SUBJECT: Suggested Daily Time Schedule for Research Project, "Critical Requirements in Rehabilitation Counseling"

We have found that it is helpful in terms of making the maximum use of the day or days in your office for you to plan in advance the order of the individual interview schedule. Changes or adjustments may be necessary as there are individual differences in the time required for completion of the Research Booklet in addition to other time demands and routine differences from office to office. Shifts or changes can be made very easily in an informal schedule of this type.

8:30- 9:30—Explanation of Project and Distribution of Materials

9:00-10:30—Completion of Research Booklet

	Interview	*Counselor and Supervisor*
10:30	—1st	....
11:15	—2nd	....
12:00-1:00	—FREE	
1:00	—3rd	....
1:45	—4th	....
2:30	—5th	....
3:15	—6th	....
4:00	—7th	....

—8th Interview can frequently be worked in if necessary as the length of time with each person will vary.

Appendix D

CRITICAL INCIDENTS BOOKLET: COUNSELORS

This is part of a research study designed to help us learn more about what makes the difference between effective and ineffective rehabilitation counseling. As a rehabilitation counselor, you are being asked for examples of effective and ineffective counseling situations from your own experience. This will tell us what counselors have found MOST EFFECTIVE and LEAST EFFECTIVE in counseling a client; in helping the disabled person through the client-counselor relationship to make the best use of his personal and environmental resources in order to achieve the optimal occupational adjustment—this being an integral part of the individual's adjustment in all areas of life.

There are two important principles to be followed in gathering this information. FIRST of all, we do NOT want to know who you are or who the client is. Your contributions will be gathered and analyzed with those from other states and it will not be possible to identify their source. They WILL be held in the strictest confidence and only the researchers will see your paper. SECOND, we need to get objective reports of behavior, of what YOU DID. This means that we need CONCRETE DESCRIPTIONS from you telling us exactly what happened in a SPECIFIC counseling situation. We want these reports in detail. General reports will not be useful.

We are asking you to give us two incidents from your counseling experience; one which you consider an EFFECTIVE COUNSELING SITUATION and another which you consider an INEFFECTIVE COUNSELING SITUATION. The reliability and effectiveness of this study is almost entirely dependent upon the completeness and accuracy with which you record these situations from your experience.

The following pages are for your situations. Read everything carefully and feel free to ask questions if you do not understand. In addition to the incidents, we would like some special information about you, your training, and experience on the pages following.

Keep in mind these important points:

GIVE AN ACCOUNT OF A *SPECIFIC* SITUATION, NOT A GENERAL APPRAISAL OF IT.

GIVE AN ACCOUNT OF EXACTLY WHAT *YOU DID.*

DO NOT WRITE YOUR NAME OR THAT OF YOUR CLIENT ON THE BOOKLET.

We are very grateful for your help with this study. We believe the results may help all of us to learn more about what constitutes effective and ineffective rehabilitation counseling.

(The booklets used for data collection allowed sufficient space for the respondents to write their information directly in the booklet.)

EFFECTIVE INCIDENT

As a rehabilitation counselor, you have had the experience of feeling yourself ESPECIALLY EFFECTIVE in counseling a client. This kind of experience makes you feel that you have done an UNUSUALLY good job and one deserving of the praise or commendation of your colleagues and supervisors. Will you think of the LAST time this happened to you. Write down exactly what you DID. We want to understand the exact facts of the situation, so make your description as COMPLETE, DETAILED, and SPECIFIC as possible. (Please write on back of pages if you need more space.)

WHAT WERE THE *CIRCUMSTANCES* SURROUNDING THIS *SPECIFIC SITUATION?*

WHAT DID *YOU DO* IN THIS SITUATION?

WHAT DID THE *CLIENT DO* IN THIS SITUATION?

WHAT WAS *ESPECIALLY EFFECTIVE* IN YOUR BEHAVIOR (IN WHAT YOU *DID*)?

WHY DO YOU CONSIDER THIS *ESPECIALLY EFFECTIVE?*

How long ago did this incident take place? . . . .

What was the age of the client? . . . .

About how many contacts had you had with client when this incident took place? . . . .

About how many contacts have you had since this incident? . . . .

What was the disability or disabilities of the client? (State primary condition first.)	What persons OTHER than the client or yourself were involved in this incident? (If none, indicate.) Please give their title or relationship.
1.	1. . . . .
2.	2. . . . .
3.	3. . . . .
4.	4. . . . .

INEFFECTIVE INCIDENT

As a rehabilitation counselor, you as all other counselors have had the experience of feeling yourself ESPECIALLY INEFFECTIVE in counseling a client. This kind of behavior you recognize yourself as ineffectual—afterwards you wished you had done it differently. Will you think of the LAST time this happened to you. Write down exactly what you DID. We want to understand the exact facts of the situation so make your description as COMPLETE, DETAILED and SPECIFIC as possible.

WHAT WERE THE *CIRCUMSTANCES* SURROUNDING THIS *SPECIFIC SITUATION?*

WHAT DID *YOU DO* IN THIS SITUATION?

WHAT DID THE *CLIENT DO* IN THIS SITUATION?

WHAT WAS *ESPECIALLY INEFFECTIVE* IN YOUR BEHAVIOR (IN WHAT YOU *DID*)?

WHY DO YOU CONSIDER THIS *ESPECIALLY INEFFECTIVE?*

IF YOU COULD DO THIS SITUATION OVER *AGAIN*, WHAT WOULD YOU DO?

How long ago did this incident take place?. . . . .

What was the age of the client?. . . . .

About how many contacts had you had with client when this incident took place?. . . . .

About how many contacts have you had since this incident?. . . . .

What was the disability or disabilities of the client? (State primary condition first.)	What persons OTHER than the client or yourself were involved in this incident? (If none, indicate.) Please give their title or relationship.
1.	1. . . . .
2.	2. . . . .
3.	3. . . . .
4.	4. . . . .

Personal Data

What is your age? 19 or under. . . . . . 30-39. . . . . . 50-59. . . . . .
20-29 . . . . . . 40-49. . . . . . Over 60. . . . . .

What is your sex? Male. . . . . . Female. . . . . . Marital Status. . . . .

What is your education? College 1. . . . 2. . . . 3. . . . 4. . . .

Graduate hours. . . . . Degrees you have achieved:
(approx. no.)

B.A.. . . . . M.A.. . . . . Ph.D.. . . . .
Year Major Year Major Year Major

Other. . . . . Minor fields of study. . . . .

Other appropriate training. . . . .

If you could prepare yourself over again for the job you are now doing, what course of study, training or experience would you choose?

Do you feel the need for additional training at the present time?
Yes. . . . . . No. . . . . .

What would you choose in the way of training that would be of the greatest help in your job?

✓ What is or was your father's main occupation?. . . . .

What level of education did your father achieve?. . . . .

Your mother achieve?. . . . .

What professional memberships, certificates and licenses do you hold?

Do you have a disability or disabilities? Yes...... No......

What—1............... 2............... 3...............

(Please state primary condition first.)

Cause................................ Age at onset..........

Is your MONTHLY total INCOME from your position as a counselor:

Under $199...... 300-399...... 500-599......

200-299...... 400-499...... Over $600......

What is your WORK EXPERIENCE? Please list in chronological order with PRESENT JOB FIRST.

Job	Dates From	 To	Chief Duties
1			
2			
3			
4			

What in YOUR opinion are some of the factors that stand in the way of doing the best kind of rehabilitation job with clients?

If you were a supervisor or director of rehabilitation services, what would you do to improve the kind of job that rehabilitation counselors can do?

Again, thanks for your time and your contribution.

Appendix E

CRITICAL INCIDENTS BOOKLET: SUPERVISORS

This is part of a research study designed to help us learn more about what makes the difference between effective and ineffective rehabilitation counseling. As a supervisor of counselors, you are being asked for examples of effective and ineffective counseling from the work of counselors you have supervised. This will tell us what supervisors and counselors have found MOST EFFECTIVE and LEAST EFFECTIVE in counseling a client; in helping the disabled person through the client-counselor relationship to make the best use of his personal and environmental resources in order to achieve the optimal occupational adjustment—this being an integral part of the individual's adjustment in all areas of life.

There are two important principles to be followed in gathering this information. FIRST of all, we do NOT want to know who you are or who the counselor or client is. Your contributions will be gathered and analyzed with those from other states and it will not be possible to identify their source. They will be held in the strictest confidence and only the researchers will see your paper. SECOND, we need to get objective reports of behavior, of what the counselor did. This means that we need CONCRETE DESCRIPTIONS from you telling us exactly what happened. We would like these reports of counseling situations in detail. General reports will not be useful.

We are asking you to give us two incidents from your experience as a supervisor; one in which you believe a counselor performed EFFECTIVELY in a counseling situation and the other an incident in which you believe a counselor performed INEFFECTIVELY in a counseling situation. The reliability and effectiveness of this study is almost entirely dependent upon the completeness and accuracy with which you record these situations from your experience.

The following pages are for your examples. Read everything carefully and feel free to ask questions if you do not understand. In addition to the incidents we would like some special information about you, your training and experience on the pages following.

Keep in mind these important points:

GIVE AN ACCOUNT OF A *SPECIFIC* SITUATION, NOT A GENERAL APPRAISAL OF IT.

GIVE AN ACCOUNT OF EXACTLY WHAT THE *COUNSELOR DID* OR *SAID*.

DO NOT WRITE YOUR NAME OR THAT OF YOUR CLIENT ON THE BOOKLET.

We are very grateful for your help with this study. We believe the results may help all of us to learn more about what constitutes effective and ineffective rehabilitation counseling.

EFFECTIVE INCIDENT

We would like to draw on your experiences as a supervisor of rehabilitation counselors. Would you think back on the LAST time a counselor in your opinion was ESPECIALLY EFFECTIVE in counseling a client. This kind of behavior made you feel that the counselor had done an especially good job—the kind that would deserve your praise or commendation. Write down exactly what he DID. We want to understand the exact facts of the situation so make your description as COMPLETE, DETAILED, and SPECIFIC as possible. (Please write on back of pages if you need more space.)

WHAT WERE THE *CIRCUMSTANCES* SURROUNDING THIS *SPECIFIC SITUATION?*

WHAT DID THE *COUNSELOR DO* IN THIS SITUATION?

WHAT WAS *ESPECIALLY EFFECTIVE* IN THE COUNSELOR'S BEHAVIOR (IN WHAT HE *DID*)?

WHY DO YOU CONSIDER THIS *ESPECIALLY EFFECTIVE?*

How would you EVALUATE this counselor GENERALLY in terms of OVER-ALL EFFECTIVENESS in counseling compared with other counselors you know:

........compares with TOP THIRD of counselors (above average)
........compares with MIDDLE THIRD of counselors (average)
........compares with LOWER THIRD of counselors (below average)

How long ago did this incident take place? (approx.) ....
About what was the age of the client?................
About how many contacts had the counselor had with the client when this incident took place?................
About how many has he had since?................
How much counseling experience had this counselor had?................

What persons OTHER than yourself, counselor and client were involved? (If none, indicate.) Please give their title and relationship.	What was the disability or disabilities of the client? (State primary condition first.)
1..........................	1..........................
2..........................	2..........................
3..........................	3..........................
4..........................	4..........................

INEFFECTIVE INCIDENT

Now would you think back to the LAST time a counselor in your opinion was ESPECIALLY INEFFECTIVE in counseling a client. This kind of behavior you would recognize as entirely unsuccessful or inappropriate—you might feel it necessary to discuss this incident specifically with the counselor in regard to its ineffectiveness. Write down exactly what he DID. We want to understand the exact facts of the situation so make your description as COMPLETE, DETAILED and SPECIFIC as possible. (Please write on back of pages if you need more space.)

WHAT WERE THE *CIRCUMSTANCES* SURROUNDING THIS *SPECIFIC SITUATION?*

WHAT DID THE *COUNSELOR DO* IN THIS SITUATION?

WHAT WAS *ESPECIALLY INEFFECTIVE* IN THE COUNSELOR'S BEHAVIOR (IN WHAT HE *DID*)?

WHY DO YOU CONSIDER THIS *ESPECIALLY INEFFECTIVE?*

WHAT SPECIFICALLY *SHOULD* THE COUNSELOR *HAVE DONE* IN THIS SITUATION?

How would you EVALUATE this counselor GENERALLY in terms of OVER-ALL EFFECTIVENES in counseling compared with other counselors you know:

........compares with TOP THIRD of counselors (above average)
........compares with MIDDLE THIRD of counselors (average)
........compares with LOWER THIRD of counselors (below average)

How long ago did this incident take place? (approx.)....................
About what was the age of the client?................
About how many contacts had the counselor had with the client when this incident took place?................
About how many has he had since?................
How much counseling experience had this counselor had?................

What persons OTHER than yourself, counselor and client were involved? (If none, indicate.) Please give title and relationship.	What was the disability or disabilities of the client? (State primary condition first.)
1..........................	1..........................
2..........................	2..........................
3..........................	3..........................
4..........................	4..........................

Personal Data

What is your age? 19 or under...... 30-39...... 50-59......
20-29 ...... 40-49...... Over 60......

What is your sex? Male...... Female...... Marital Status..............

What is your education? College 1.... 2.... 3.... 4....

Graduate hours............ Degrees you have achieved:
(approx. no.)

B.A................. M.A................. Ph.D................
Year Major Year Major Year Major

Other.............. Minor fields of study.........................

Other appropriate training...

If you could PREPARE yourself over AGAIN for the job you are now doing, what course of study, training or experience would you choose?

Do you feel the need for additional training at the present time?

Yes...... No......

WHAT would you choose in the way of TRAINING NOW that would be of the greatest help in your job?

What is or was your father's main occupation?.......................

What level of education did your father achieve?......................

Your mother?......................

What professional memberships, certificates or licenses do you hold?

Do you have a disability or disabilities? Yes...... No......

What—1................ 2................ 3.................

(Please state primary condition first.)

Cause.................................... Age at onset........

Is your MONTHLY total INCOME from your position as supervisor:

Under $299 ...... 400-499...... 600-699......

300-399 ...... 500-599...... Over $700......

What is your WORK EXPERIENCE? Please list in chronological order with PRESENT JOB FIRST.

Job	Dates		Chief Duties
	From	To	
1			
2			
3			
4			

What are the things which you believe DIFFERENTIATE a good rehabilitation counselor from a poor one?

If you were employing a new counselor, what TRAINING, EXPERIENCE, and OTHER QUALIFICATIONS would you look for? List them in order of their importance.

What in YOUR opinion are some of the factors that stand in the way of doing the best kind of rehabilitation job with clients?

Again, thanks for your time and your contribution.

Appendix F

MANUAL OF INSTRUCTIONS FOR RATING COUNSELOR SUB-ROLES AND CATEGORIES

INTRODUCTION

The major purpose of this study is to identify some of the behavior which has resulted in effective and ineffective counseling with rehabilitation clients. The basic data in this study are personal counseling incidents collected from counselors and supervisors who are working in rehabilitation agencies or settings.

The counselors have contributed incidents which they have judged to be effective or ineffective from their own counseling experience. The supervisors have contributed incidents which in their judgment are effective or ineffective from the experience of counselors whose work they have supervised or with whose work they are familiar. These incidents in the judgment of the counselor or supervisor seem to have made the difference between success or failure in working with a client. Each incident has been analyzed and broken down into specific counseling behaviors (i.e., in terms of what the counselor did). From each incident there may have been extracted a number of such behaviors.

In each incident the counselor or supervisor was asked to give some proof of the effectiveness (i.e., client working for a period of time or not working; client did not return for more counseling or client successfully completed a training program or quit a training program).

Effectiveness and ineffectiveness is a qualitative judgment, and perhaps is best explained as counselor perceived movement on the part of the client toward a vocational objective. An attempt is being made here, therefore, to identify what behavior the counselor has perceived in his experienee to be associated with effectiveness or ineffectiveness. Effectiveness will be defined as movement toward a vocational objective; ineffective as lack of movement toward a vocational objective; or in some cases the ineffective behavior has retarded or set the client back farther than he was at the time of contact.

These abstracted behaviors have been organized into sub-roles which the counselor plays as he interacts with the client or with other persons. A system made up of counseling sub-roles and categories has been formulated. You will be asked to indicate the sub-roles and categories to which these behaviors are related.

The general concept of role has been defined as "... a pattern sequence of learned actions or deeds performed by a person in an interaction situation," and "... the ways of behaving which are expected of any individual who occupies a certain position ..."

An attempt is being made in this research to define some aspects of the general role of the rehabilitation counselor in terms of the behaviors or sub-roles which he performs.

The following sections describe the sub-role categories in terms of their distinguishing characteristics.

PROCEDURE

The following procedure should be followed in recording the ratings:

1. For each statement of counseling behavior you should identify the sub-role being played and the specific category to which it belongs. You then record the number of these sub-roles and categories on the judges' rating sheet.
2. Refer to the description and examples given of the sub-roles and categories comparing the behavior being judged with the category formulations.
3. Each behavior should be judged by the over-all context or meaning and not by an isolated word; i.e., the appearance of the word "reassured" in the behavior statement does not necessarily mean that this behavior should be judged to belong in the category labeled, "Providing acceptance and reassurance of the client."
4. The focus should be on the counselor's statement of his behavior; care should be taken so that you do not read into the statement what you think he meant and thereby infer your own intention.
5. If the counselor seems to be playing a definite role not described by one of the roles specified, but which you can describe and label, this role should be named and described on the back of the rating sheet. If any behaviors are judged unclassified, they should be so recorded by stating your reasons on the back of the rating sheet.

DESCRIPTIONS OF SUB-ROLES AND EXAMPLES OF CATEGORIZED BEHAVIOR

Sub-Role I—Creation of Therapeutic Climate

The creation of a therapeutic climate appears to involve a constellation or family of behaviors which in general is directed toward providing an accepting attitude and a nonpunitive atmosphere, which helps the client to feel understood and safe so that he can explore his feelings with the counselor about himself, his disability, and his future plans and aspirations. This climate makes it possible for the client to show and express negative feeling and behavior about others, including the counselor, his co-workers and the agency. The counselor characteristically does not show or express shock, disappproval, or surprise at the client's words or actions.

This climate is used to encourage or to develop the client's confidence and insight so that he is able to utilize his resources and direct his energy positively in terms of problem-solving and self-help. This sub-role is organized into the following categories.

A. EFFECTIVE CATEGORIES

1. Counselor supports the client

   a. Creation and development of a counseling relationship.

      Example—"This conversation with the client about the seine nets he was knitting gave the client a feeling of superiority over the counselor and finally broke down the barrier which was impeding the progress of the counseling relationship."

      Example—"I felt that a wonderful unity of feeling and thinking had been achieved. It seemed that he recognized that there was another person that he could trust—much that happened was not at a verbal level—words were relatively unimportant. I sensed something wonderfully fine in the man."

   b. Developing motivation by encouraging self-help and action.

      Example—"He said he didn't think he could do anything. I gave him illustrations and examples of other handicapped people who overcame their disability. He finally said, 'I guess I can, too.' I generated into him that despite his disabilities he possessed excellent abilities that could be put to use if he desired to accept service."

      Example—"I related to him the stories of other people I had worked with, with similar problems and what they had done. This made his thinking more positive and he speedily arrived at a workable solution of his own problem."

   c. Providing acceptance and reassurance of the client; being interested and having confidence in the client as a person.

      Example—"I assured client that he was doing a good job in school—also encouraged him about the good reports the school had been turning in and that a lot of one-armed men were faster in spray painting than men with two arms."

      Example—"I walked in front door with him—I believe in person going alone to employer—was able to support this man in using his ego strength in his own words, 'The best thing that happened to me since I came to the hospital is that you got me to see the employer alone. I would not be afraid to ask any man for a job now.' "

2. Counselor listens to client.

   a. Encourages client to tell his story or problem in his own way.

      Example—"I let client try in his own words to explain why he was not working."

Example—"I let client talk out his problem. He came explosive and resentful to find out who had submitted his name to us. I let him talk."

b. Counselor talks little especially at first or early in the interview.

Example—"I did not comment on reactions to his desire to quit or to his feelings he was experiencing, until he had expressed his problem in his own way."

Example—"I nodded and indicated that I understood but talked little."

3. Counselor is composed, calm, and even tempered (maintains this manner in the face of hostility).

Example—"I failed to display any anger when accusations were hurled at me. 'Told me I was a liar, etc.' Accused counselor of being a crook."

Example—"I was relaxed—I think I set the stage, created the atmosphere and she took her attitude from me."

B. INEFFECTIVE CATEGORIES

1. Counselor failed to support the client.

a. Did not create or develop a counseling relationship; unable to relate to client.

Example—"Perhaps this was just one of those cases where two people don't strike it off right at first—I remember being skeptical about the severity of his disability and maybe he detected it."

Example—"I should have obtained rapport before bringing out interview forms, etc. I approached the client and her family in a pretty much 'matter-of-fact' approach, with my brief case and soon began taking out and filling in forms while asking questions."

b. Did not develop motivation (lack of encouragement of self-help and action).

Example—"I took her statement, 'I am disabled to the point that I can't do my own housework. The doctors can't help me any and I don't see what you can do for me,' at face value, thanked her and left. I did not pave the way for a subsequent call, leave her a booklet and give her time to let her know I felt I could be of help to her."

Example—"I did not lead client to believe something could be done—did not allow client to believe he could help himself."

c. Did not provide acceptance and reassurance of the client; rejected client or criticized his behavior without losing composure.

Example—"I found it quite difficult to accept client's claims as fact. I tried to withhold my disbelief from the client but asked for an evaluation from a psychiatrist. This action on my part greatly disturbed the client and caused me to lose what rapport I had."

Example—"The client wanted some reassurance and bolstering up but I provided none. This was a placement situation where client needed to gain back his lost self-confidence and feeling of importance from being turned down on everything. There was some talk of, 'don't worry about a job,' but not real counseling."

2. Counselor does not listen to client.
   a. Did not permit or encourage client to tell his story or problems in his own way.

      Example—"I did not permit client to give his story in his way. Client sensed my reluctance to listen."

   b. Counselor talks too much—especially at first or early in the interview.

      Example—"I talked first and said what I thought instead of listening to him and gradually getting a picture of his particular situation and his attitudes and aspirations."

      Example—"I believe I talked too much—I don't believe I gave him adequate time to present his complete problem to me."

3. Counselor loses his composure—becomes hostile, defensive, angry.

   Example—"I should have remained calm and restrained any comment. He informed me he would stay on Public Assistance. I said, 'No, you won't—we can't do this if you stay on Public Assistance.' He said, 'I'll see about that,' and his attitude was to show me."

   Example—"I probably contributed to this hostile attitude by reminding him of his shortcomings, and emphasized the adequacy of the agency policies, methods, and regulations."

Sub-Role II(1)—Structuring: Arranging

The structuring sub-role is concerned with behavior which defines and explains the counseling situation and process in terms of the process, purposes, goals, and limits within which counseling takes place. This major sub-role can be broken into two aspects—arranging and defining limits.

In the arranging aspect the counselor seems to be performing an administrative duty such as making appointments and arrangements—for tests, referring to other agencies or professional people for advice or guidance, making plans for following interviews, etc. The counselor also plans the setting and conditions in which contact with the client is made.

A. EFFECTIVE CATEGORIES

1. Counselor arranges for or with the client:
   a. For other appointments or referrals in keeping with client needs (i.e., with counselor, other agencies for medical evaluations, for psychological evaluations, and equipment purchase).

Example—"Plans were made to refer him to another agency that conducted social activities for disabled people."

Example—"I followed through with specific action in making appointments for specialist's evaluation."

b. Intercedes with other agencies or persons for client assistance presenting the client's case. Client and counselor may go together for these purposes (i.e., getting a job, welfare assistance, restoring legal status, scholarship).

Example—"I also brought in his welfare case worker and secured $18.00 a month for him until he completed his training."

Example—"Counselor called school and had client reinstated after counseling session."

2. Counselor controls the setting or conditions under which client contact is made:

a. Arranges to see client in an appropriate setting at an appropriate time and under appropriate conditions (i.e., settings with privacy, interview arranged and prepared for by both client and counselor, meeting scheduled at an appropriate hour, counselor sees client at time arranged).

Example—"I think one of the turning points was when I suggested that we go to her home to talk (being interviewed in contact center without privacy). When I went to her home, she felt accepted."

b. Arranges to see client alone without other persons present who interfere with client-counselor relationship (i.e., without mother, father, husband, wife, children, friend, etc.).

Example—"I asked client after seeing him on other occasions with father and aunt to come to office alone for tests."

Example—"I had to tell his mother to stay at home—she talked for him. I insisted that he come by himself—this was one of the most important things in my relationship."

c. Arranges for face-to-face contact (i.e., did not use phone, letter, or see other significant persons before seeing client).

Example—"Client telephoned me at home about 7:00 p.m.; after talking a few minutes, I asked her to meet me in the office next day where I could provide a suitable counseling environment."

B. INEFFECTIVE CATEGORIES

1. Counselor does not arrange for or with the client in keeping with client needs:

a. For other appointments or referrals (i.e., with counselor, other agencies for medical evaluations, for psychological evaluations, and equipment purchase).

Example—"I did not arrange another conference with the client to reassure him immediately following to discuss plans in case client was not hired."

b. For assistance from other agencies or persons, does not intercede for client, present client's case or accompany client for these purposes (i.e., getting a job, welfare assistance, restoring legal status, scholarship).

Example—"Gave client a list of about 8 places or firms to apply for a job (taken out of paper) with no preparation for him—treated this like it was an employment office interview. Sent him on his daily 'merry goose chase.' I was rushed as usual and didn't call any of them in advance or accompany the client."

2. Counselor does not control the setting or conditions under which client contact is made.
   a. Saw client in an inappropriate setting; at an inappropriate time and under inappropriate conditions (i.e., settings without privacy, lack of preparation of both client and counselor for this interview, holds interview at an inappropriate hour, counselor is late for appointment).

      Example—"He had waited a half hour beyond our meeting time."

      Example—"I should have seen him in my office rather than in his home—he seemed to feel that his intimate privacy had been transgressed."
   b. Saw client with other person or persons present who interfere with client-counselor relationship.

      Example—"I should have told the mother without offending her that I wanted to see the client alone because this was affecting our relationship."
   c. Face-to-face contact not made (client contact by telephone, letter or through another person).

      Example—"I wrote client a letter as to why no further services were available (because he continued to drink); instead of writing the letter, I should have told him to come in."

      Example—"I contacted the interested parties before contacting the actual client herself."

Sub-Role II(2)—Structuring: Defining Limits

The counselor defines for the client the limits in which counseling takes place in terms of time and what the responsibilities of the counselor and the client are in terms of decisions and action. The counselor clarifies the nature of counseling to the client and frequently to those other persons significant to the client, as well as the agency framework within which counseling takes place.

A. EFFECTIVE CATEGORIES

1. Counselor defines or clarifies for the client and significant others (family, friends) the nature and goal of counseling (i.e., what is done in counseling interviews; the confidential nature of counseling; the agency framework within which counseling takes place).

   Example—"I was honest with him and told him of heavy case loads, etc., and reasons for not enough time on him—placing client in my shoes so to speak and giving him a better picture of what we do. Letting him know we are not super-human and that we do not always help everyone."

Example—"I defined the situation as a co-operative endeavor. Explained some of the DVR policy on this sort of thing and asked him to do certain things. Explained my limited knowledge of poultry raising and that he and I could work together to find out what we could do."

2. Counselor delineates his responsibility for plans and action in the counseling relationship; stating what can be expected from him.

   Example—"I told him we would start from now and decide what to do from here on. I asked him for his analysis of his delinquent past but gave him no opinion of mine. I did not feel that interpretation of this nature was the job of a rehabilitation counselor."

   Example—"Explained that I would like to help him where and if I could, that we could not control all situations but that a discussion might in itself be helpful."

3. Counselor delineates client's responsibility for plans, decisions and actions; stating or demonstrating what is expected of the client.

   Example—"Instead of suggesting jobs which I thought this man might do, I permitted him to do all the thinking in that direction and he came up with an idea for his own rehabilitation."

   Example—"I told him he would have to go take the examination for these jobs entirely on his own—I think he had confidence in my judgment and in me and even though he was hesitant he agreed to go along."

4. Sufficient time is allowed for counselor contact with client—unhurried approach.

   Example—"I took time to talk with client and to go through client's problem completely. 'He felt happy about DVR instead of my just telling him he wasn't eligible, etc.' I try to sit down, relax and act like I have time even though I might not."

   Example—"Our conclusion was that the client, after 7 days' deliberation, was to advise me of what he thought on the project —no hurrying. I always felt it was wise."

B. INEFFECTIVE CATEGORIES

1. Counselor does not define or clarify for the client the nature and goals of counseling (i.e., what is done in the counseling interview; confidential nature of counseling). The agency framework within which counseling takes place is not clarified.

   Example—"I should have limited interviews to shorter sessions and attempted to do one or two things—explaining program, its services, conditions necessary to secure the services, would then have advised client to go home; think over our interview, decide whether or not she wished to continue and if so return next day for another interview."

Example—"I failed to describe our function and agency regulations properly—sort of discouraged him by bringing up all the obstacles to getting him an artificial limb."

2. Counselor does not delineate his responsibility for plans and action in the counseling relationship; does not state what can be expected from him.

    Example—"I have a good relationship with her—maybe it has gone further than a rehabilitation counselor should. I'm getting too many personal problems."

    Example—"The counseling relationship was allowed to develop in such a way that it encouraged dependency. I should have defined my role early, as that of helping her and not allowed this dependency to develop."

3. Counselor does not delineate client's responsibility for plans, decisions and action. What is expected of the client is not stated or demonstrated by the counselor.

    Example—"I put too little stress on making client aware of his part in the program and what was expected of him."

    Example—"My action (looking for a job for him, agreeing to school maintenance) pushed him even farther away from taking the responsibility for himself. I should have handed him the ball instead of carrying it for him."

4. Insufficient time allowed for counselor contact with client—hurried approach.

    Example—"The interview being rushed had no opportunity for rapport to be established—the busy approach, desk full, lots of work to do."

    Example—"I was in a hurry—25 waiting to see me."

Sub-Role III—Information Gathering

The counselor's behavior or action is directed toward obtaining specific information about the client from the client himself and from other people who have evaluated or worked with him. The purpose is to inform the counselor so that he will have a comprehensive understanding of the client and his present situation. This type of behavior is not intended particularly to further the client's thinking. Usually, the counselor asks quite specific questions that require the giving of a factual answer or requests formal professional records or reports. The counselor may be filling out a form or questionnaire or completing a set of professional records.

A. EFFECTIVE CATEGORIES

1. Findings from others sufficient for need (medical, psychological, job history, social history, educational).

    Example—"I had made a special effort to see the family physician and had gained lots of background on the case before the initial interview."

Example—"The adequacy of the background material was important to me in order to step out on the right foot. I had a complete social history and psychological information from over a span of years."

2. Findings from client (personal data gathered from client—self-observations).

   Example—"I asked her to tell me about herself including her physical impairments, her interests, school achievements and the type of training and work she felt she would like."

   Example—"I obtained complete information as to client's reasons why he did not want to return to school full time which gave me more insight into specific problems of client."

3. Method of gathering information or asking key incisive questions appropriate and productive.

   Example—"An important and key question to this man was, 'How do you feel about your disability?' This question brought out the basis for this man's defeat."

   Example—"I noted that client was knitting a seine net with great skill and care and used this device to ask questions about and talk."

B. INEFFECTIVE CATEGORIES

1. Findings from others insufficient for need (medical, psychological, job history, social history, educational).

   Example—"I should have had a psychiatric evaluation—there should have been much more information (social worker, psychiatrist, psychologist, etc.) at my disposal, but I didn't use them."

2. Findings from client insufficient (lack of personal data gathered from client—few self-observations).

   Example—"I did not find out the interests of client, his likes and dislikes."

   Example—"I did not draw the client out in conversation to get all the facts and understand client's desires before proceeding with placement plan. He refused several jobs I had arranged for him. I did not discover until too late that client had always had in mind to work in a warmer climate in order to avoid ice and snow because of hazards in a wheel chair."

3. Method of gathering information or asking key questions inappropriate or unproductive.

   Example—"I gave tests to justify what I was about to do rather than as an aid in determining what perhaps would be wise to do."

   Example—"I asked point blank questions about him and his background—this particular client wasn't especially proud of his background. At this time, I was concerned with getting personal data and background information because I had quite a few clients waiting to be seen."

Sub-Role IV—Evaluating

In this sub-role the behavior of the counselor seems to be directed toward getting a clear and thorough picture of the client's problems. The counselor is trying to understand not only the present problems of the client, but also the possible causes for the present problems from the information he has gathered.

He draws out the client's ideas, at the same time observing the overt behavior. He has available the contributions of other professional persons who have examined the client with their stated findings, reactions, and efforts.

The evaluating role is of a diagnostic nature and involves the observation of the physical, social, and psychological condition of the client, correlating the influence of these factors on the vocational potential of the client.

The counselor uses this data in arriving at an independent judgment. He formulates tentative hypotheses concerning the causes or nature of client's situation or problems. He uses these hypotheses as a basis for his choice of method of outlining a course of action for working with the client in this life circumstance.

This diagnostic effort appears to be a part of a continuing process and therefore the evaluating role may be used at any time during the counseling relationship.

A. EFFECTIVE CATEGORIES

1. Uses all information and data available accurately and thoroughly.

   Example—"I had made a full survey and analysis of client's capacity (present). Had surveyed her employment experience thoroughly. She was not rusty on her skills as she had studied at home. I felt she was ready for placement in the right place under a sympathetic employer."

   Example—"In this instance it would appear that it was a matter of evaluating his potential for the work—furniture upholstery. It looked like a sound objective, you don't have to read and write, it was in line with his interests and his physical limitations."

2. Forms an independent judgment (not permitting self to be pressured or influenced unduly by opinions of others to act or make a decision).

   Example—"I requested permission to go ahead with client (psychiatric screening committee considered him not feasible). My opinion was based on my personal contact and knowledge; psychiatric screening committee had not seen him. I had to have enough courage in this case to stick my neck out a little bit."

   Example—"I was not influenced by parent's ambitions and particularly his mother. They had hoped that their son would become an engineer or a professional man."

3. Recognizes symptoms or signs of behavioral or personality disturbance or distress.

   Example—"I recognized the extreme fears of this client (afraid of giving up crutches). He was afraid of falling."

   Example—"I noted symptoms of extreme nervous distress—came to a realization that the client was about to break down because he did not know how to solve his vocational problems."

4. Evaluation and judgment arrived at after the facts and information assembled.

   Example—"I determined through the complete history, evaluations, reports, etc., that the disability was more a psychiatric one than a medical and physical problem."

5. Counselor recognizes client-readiness for counseling services.

   Example—"Timing was very important—client was intelligent enough and emotionally ready for self-analysis."

   Example—"The psychological timing was right for this type of counseling—I knew he was having a rough time with the insurance company—which was a good way of getting him to try the type of work suitable for him."

B. INEFFECTIVE CATEGORIES

1. Did not use accurately or thoroughly the information and data available.

   Example—"I had read his folder, the material was there, but I didn't connect until it was over—progress in training was acceptable but not commensurate with his abilities."

   Example—"I didn't consider client's physical ability to do experiments and lab manipulation (C.P. with poor co-ordination). I missed this altogether in way of requirement of job."

2. Did not form an independent judgment (allowed self to be pressured or influenced unduly by opinions of others to act or make a decision).

   Example—"I did not review the case due to the report of a hospital staff member. Took the word of the director of nurses that client was ready for a job outside the hospital."

   Example—"I allowed myself to be pressured by a staff physician into buying a correspondence course for a hospitalized student. The client agreed but with apathy."

3. Did not recognize symptoms of behavioral or personality disturbance.

   Example—"Instead of assuming that he was unco-operative, I should have known this behavior meant he was a sick boy."

   Example—"I failed to recognize at the onset that client was under a great deal of tension and anxiety and rushed into an explanation of DVR, which he interpreted as a lot of 'red tape.' "

4. Premature evaluation and judgment made before facts and information assembled.

   Example—"I gave credit for more ability than was later evidenced on testing. Planning should have been deferred until psychological testing was performed."

Example—"I assumed gratuitously that a boy of superior intelligence would want additional education."

5. Counselor does not recognize client-readiness for counseling services.

   Example—"I requested participation on his part in cost of the limb before he was psychologically prepared—so much 'red tape' confused and alienated him as it was prematurely suggested."

   Example—"I talked to him too soon after his referral from welfare without getting him ready for it—not emotionally ready to discuss rehabilitation—should have written him for an appointment, explaining who I was and what my interest in him was."

Sub-Role V—Information Giving

The counselor supplies factual data to the client and offers authoritative explanations. This information may be in the nature of professional knowledge possessed by the counselor or an interpretation of reports, evaluations and tests supplied to the counselor by professional associates. The counselor is giving information to the client with no immediate pressure for action. The counselor may be explaining, describing, confirming, repeating, or interpreting something to the client—usually informational material recognized as generally established fact. He does this in a meaningful manner understandable to the client.

A. EFFECTIVE CATEGORIES

1. Counselor gives adequate information regarding vocations, job and training requirements, rehabilitation and training facilities.

   Example—"I explained facilities at the Rehabilitation Center—opportunities for developing self-care and assuring her that suitable nursing home care was available until she became independent."

   Example—"I used printed occupational information and gave client picture of what was ahead. He read and asked me questions."

2. Counselor gives an effective interpretation of professional opinion or facts arrived at by counselor or other professional associates (i.e., medical and psychological information).

   Example—"Went over test results carefully with the client and showed her that she had better than average intelligence with dominant interests in computations and clerical fields."

   Example—"I had to interpret the report (neurologist's) to the client. We have to send the patients 75 to 100 miles, so we always have to interpret. I told him that the doctors had recommended amputation and that we work on a basis of specialist's recommendations. I told him after this we could think in terms of an artificial appliance. He had lots of pain and he realized the circumstances. We had worked with his brother who had an amputated leg so he could understand about it."

3. Use of simple and non-technical language. (Talked on client's level.)

   Example—"With no threat involved I sympathetically talked 'client's own talk.' 'Sorry worker' meant something to him. He went right out and got a job—wasn't going to be a 'sorry worker.' "

B. INEFFECTIVE CATEGORIES

1. Counselor does not give adequate information about vocations, job and training requirements, rehabilitation and training facilities.

   Example—"I did not acquaint her with the job requirements of her selected objective."

   Example—"I did not ascertain if any other rehabilitation center offered journalism—should have investigated other rehabilitation centers."

2. Inadequate or ineffective interpretation to the client of professional opinion or facts arrived at by the counselor or other professional associates (medical and psychological information).

   Example—"I was lacking because I did not impress client regarding the necessity of trying to safeguard what vision he had remaining. A lay person doesn't know how far he should go in interpreting medical information. Maybe, I should have discussed it more with the medical consultant and then gone into more of an explanation of the possible results of glaucoma if not treated. We have no training for working with some of these special groups."

   Example—"I failed to come out and to call a spade a spade by stating that people of his intelligence level do not complete 4 years of college and 2 years of seminary no matter how strong the motivation."

3. Counselor uses technical and complex language (talked "over-the-head" of the client).

   Example—"My vocabulary got too technical—I showed him the regulations in the Manual."

   Example—"I should have known my (client's) listening limitations and explained clearly—even if I had had to practically draw a picture so that client would have been better prepared for the center. I did not use simple language for the client to grasp consistently."

Sub-Role VI—Interacting (Participating-Advising-Directing)

The major dimension in this sub-role appears to be the amount of counselor control or the amount of client involvement in the relationship. This might also be described as the degree of client-counselor interaction. This element ranges from the client and counselor working together with neither dominating to the opposite pole where the counselor appears to be completely in control of the interview by telling the client what he should do and how he should do it. The latter type of behavior appears as both effective and ineffective behavior.

In the participating aspect of this sub-role the counselor and client both are working together as a team, collaborating in a mutually shared and planned counseling experience and trying to arrive at some solution to the problem at hand. There is a mutual searching for or a drawing out of factors which might help contribute to the problem at hand. Neither the counselor nor the client dominates the interview.

In the advising-directing aspect of this sub-role the counselor appears to be outlining a plan for the client to follow. The tone appears to be that of a counselor-motivated plan of action, based on his opinions and his goal for the client. In general, there is an implication that the client is not able to direct his own plan or to make his own decision and that this course is "right" for the client. He is urged or coaxed or directed to change his attitude or his behavioral activities and to follow the plan outlined by the counselor. It appears that the counselor attempts to manage the client through the use of the authority arising from the status of his position and his expert or superior training and knowledge. The client most frequently seems to have little or no choice or alternative if he wishes the service benefits of the counselor or his agency. He appears to tell the client both what to do and how to do it.

A. EFFECTIVE CATEGORIES

1. Counselor and client work together with neither dominating or controlling on client's problems and plans. Client's needs, interests and wishes are regarded.

   Example—"I met client on his own terms and talked through future with him on a new 'man-to-man' basis. Client decided that he could help his people just as well by being a teacher and earn a better living for his family than by being a minister."

   Example—"I helped client who needed and wished for more income to realize the importance of broadening her present work, rather than training for a new business. She had abilities in florist field and I suggested she expand her making of artificial arrangements and contacting other florists to buy on consignment. Her mother (dictatorial) wanted her to take a business course. Client admitted she loved her present work and that this had not occurred to her—saw possibilities and also thought she could work her mother into the business."

2. Counselor and other agencies and professional associates plan and work co-operatively with or for the client on his problems or plans. Client's needs, interests, and wishes are regarded.

   Example—"I enlisted the co-operation of the family physician who had seen client and diagnosed heart attack. Sent reports of cardiologist's evaluation and psychiatric consultations to family M.D. Family physician agreed to see him and explain symptoms to him."

Example—"I worked Industrial Hygiene Specialist in by finding special equipment (a special protective mask for welding) so man would not need to change jobs and also got approval of cardiologist for man to continue as a welder."

3. Counselor plans with client and significant others (parents, wife, husband, children, friends). When necessary counselor helps them to resolve their differences in regard to client's problems and plans.

   Example—"I went to the client's home and took a personal interest in him and discussing his rehabilitation with the whole family (had a dominant mother). I had to convince her, too, or he wouldn't have gone along on having the surgery done. Both the client and parents were afraid of surgery."

   Example—"I attempted to provide a permissive atmosphere for client and mother for a frank discussion of their problems involved. This gave client an opportunity to clear certain conflictual elements with her mother which had previously been an obstacle to taking definite steps toward employment. I summarized the situation for the mother—she agreed to daughter's plan to leave home."

4. Counselor creates a learning situation for client through the use of role-playing and other techniques directed toward developing a specific skill, knowledge or insight.

   Example—"I organized a plan and procedure that client could follow to develop his handwriting skills, which he needed for job application. He agreed to copy articles each evening after supper for one hour and would learn spelling of words he did not know."

   Example—"Making of an application was worked through with him including what he should tell the employer about his illness —we used role-playing."

5. Counselor advises or directs the client to follow a course of action or to accept a point of view (usually the counselor's and which he believes is in the client's best interest—little client participation).

   Example—"I decided barbering would be a good feasible objective—I pointed out to him the possibilities, opportunities, and other reasons why he should take it. I told him of another client of mine who had finished it and was on crutches—he gradually became more interested."

   Example—"I made a decision against client's wishes. He wanted 'wheel chair' training. I felt further attempts at ambulation should be attempted. (Now completed and he is walking.) I was very arbitrary about this. I don't think the autocratic stand I took was completely desirable and it might not work with other cases, but this time it was workable and seemed desirable."

B. INEFFECTIVE CATEGORIES

1. Counselor and client do not work together on client's problems or plans. One or the other controls the interview.

   Example—"I followed emotional client's wishes on her terms. She was most emphatic in her desire to begin training at once. I arranged for training to begin at once and let my sympathy decide—I went along with her."

   Example—"I think that there was too much of a direct approach on my part because the client felt that he was being oversold on watch repairing and he was being left out of the planning. Instead of telling him directly, I should have let him think of the reasons why he needed training for an occupation that would require training."

2. Counselor does not include or work co-operatively with other agencies or professional associates for or with the client on his problems and plans.

   Example—"I was unable to get client to understand or accept his disability (cardiac). Should have worked with other physicians and specialists in assisting me to do this."

   Example—"Counselor accepted the client's opinion that he could do nothing and gave up without asking for help and advice from our staff."

3. Counselor does not plan with client and significant others (parents, wife, husband, children, friends). No attempt is made to help them resolve their differences or problems.

   Example—"I failed to go along temporarily with the parents—I should have accepted the parents as they were. They believed her capable of more than she really was—I thought this ridiculous and showed it, I guess, in speech and actions. I excluded the parents!"

   Example—"I should have seen the wife, too."

4. Counselor does not help client develop a special skill, knowledge or insight, through the creation of a learning situation utilizing role-playing or other techniques.

   Example—"We did not give him the opinion of a successful reporter or anyone in the newspaper field as to his possibilities of succeeding in journalism. Should have let him talk to others in the field so he could get a first-hand picture of what is involved in the field."

   Example—"Perhaps I should have let him try additional gait training (which would have appeased his ego to a great extent) to help him find out his limitations for himself and this would have helped him accept the medical opinions."

5. The counselor advises or directs the client to follow a course of action or to accept a point of view in a dogmatic and authoritative manner which seems to disregard client's needs, opinions and interests.

   Example—"I was using too direct an approach. I said, 'Your complaints are all psychoneurotic, you should go back to work.' Also, I told him that I had made several appointments with prospective employers."

Example—"I insisted that client take training in something in which she had little interest, beauty culture, since I knew of a job that a beauty shop would hold for client until she completed her training. She stayed in it only a short time—she developed more dislike for it as time went by."

5(1) Counselor is unable to convince client of a point of view (advice and direction rejected by client).

Example—"I was ineffective in pointing out the need for vocational training—I wanted to underwrite a course in office machine repair as he had some experience here. He did not want training but chose to struggle along on odd jobs he secured from time to time."

Example—"I could not get through to this man that the employer is right if you are to stay on the job. He can't get along with the employer."

5(2) Counselor gives the client inappropriate or "wrong"advice or assistance or could not come up with an answer for the client's problems.

Example—"The counselor advised a text on nutrition to a diabetic schizophrenic (undifferentiated) and impressed on the client the importance of following this recommendation without appropriate clinical workup. Counselor should not have prescribed."

Example—"Counselor offered no plan for remedial approaches or to help the client in working out a medical plan for his uncontrolled diabetes."

6. Counselor may perform a function or give advice where he is not trained or not involved.

Example—"I failed to take into account this man's personality—gave the client courage to argue with the doctors and in effect gave him permission to become an unco-operative patient. I suggested that he indicate his feelings and if possible arrange for a hook to his liking. I entered into this situation regarding the type of arm and hook; recommended when I was really not involved."

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